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Care of

Children

Affected by

HIV/AIDS

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HEALTH AND NUTRITION

INTRODUCTION

HIV/AIDS affects children's health and nutrition directly. Children living with HIV have special health and nutritional needs.

Children can be infected with HIV in several ways:

- **Mother-to-child transmission from an HIV-positive mother during pregnancy, birth or breastfeeding is responsible for most HIV infection in children.** Without intervention, one in three positive mothers will pass on the virus to their children. The risk of transmission can be significantly reduced by a combination of antiretroviral drugs and replacing breast milk with a suitable formula, soy or animal milk. Evidence about the role of caesarian section and exclusive breastfeeding (feeding with breast milk only) in reducing the risk of transmission from mother to child is more controversial.
- **HIV can be transmitted to children through transfusion with infected blood or injections using equipment contaminated with infected blood.** The risk of transmission can be reduced by using sterile or disposable instruments, needles and syringes, and screening blood for transfusion services.
- **Sexual abuse or exploitation of children may expose them to HIV infection.**

HIV/AIDS also affects children's health and nutrition indirectly. Children who do not have HIV but who are living with sick parents or without parents often live in poverty. They have poor health because of inadequate environmental and sanitary living conditions, lack of access to health care, lack of food, and neglect. They are more likely to be malnourished because poor households cannot afford enough good food; sickness is reducing food production; and when less food is produced families have less income and therefore less food to eat.

This Guide is divided into two sections:

- **Issues** – considers how HIV/AIDS affects children's health and nutrition and explains why programmes should pay attention to the health and nutritional needs of children affected by HIV/AIDS.
- **Principles and strategies** – outlines principles of programming to improve children's health and nutrition, and describes possible ways of taking action to address the health and nutritional needs of children affected by HIV/AIDS.

ISSUES

Children affected by HIV/AIDS are at increased risk of poor health because of:

- **Poor living conditions** – Children without parents or with families affected by HIV/AIDS often live in poor housing, without access to clean water and adequate sanitation. Poor living conditions, together with poor domestic, personal and food hygiene, increase the risk of common childhood diseases such as diarrhoea and pneumonia. Children with HIV are especially vulnerable to common childhood diseases, and those who live in poor conditions may suffer frequent and severe infections. Young children living in overcrowded conditions with adults who have infectious tuberculosis (TB) are at increased risk of TB.
- **Poor nutrition** – Children who do not get enough to eat or who do not eat good food are at increased risk of infections. Infections are often more severe in malnourished children.
- **Lack of knowledge** – Older carers and children living without parents may lack basic knowledge about health and hygiene or when to seek care from a health worker. For example, they may not know about the importance of immunisation or about the need for prompt treatment for common infections. They may opt to use traditional healers who are unaware about HIV/AIDS or who provide inappropriate treatment for childhood diseases such as diarrhoea, pneumonia or malaria. Lack of awareness means that children and their carers cannot tell the difference between genuine and counterfeit medicines, which are widely available in some places. Parents and grandparents may lack information about how to care for children with HIV when they are ill. Children may not know how to care for sick or dying parents.
- **Poverty** – Poverty affects access to health products and services. Affected families, grandparents and children living without parents may not be able to pay for preventive interventions, such as mosquito nets, or for medical consultations, drugs or transport to health facilities. Poor families may delay seeking care until a child is seriously ill, which can be fatal if the child has pneumonia or malaria. Some poor families may decide that spending money on health care for children with HIV is not worthwhile.
- **Discrimination** – Judgmental attitudes of health workers towards families affected by HIV/AIDS may deter children and their carers from seeking treatment from health services. Adolescents and child-headed households may not use health services because of lack of confidence and fears about negative attitudes. Children and their carers may also be reluctant to use health services if they think that health workers will not maintain confidentiality about their HIV status or that the community will suspect they have HIV. In some cases, children being cared for by relatives or foster parents are less likely to be taken to a health centre than the family's own children.

- **Lack of adult care** – Parents with HIV are often too sick to take their children for health care. Children without an adult carer may have no one to take them to a health centre for immunisations or treatment. Children who are caring for sick parents or who are living without parents may neglect their own health. Orphans may have no one to care for them when they are sick and to help them recover from illness by making sure they take their medicines or eat properly.
- **Poor health care** – Health workers may not have the training, skills or drugs to manage children with HIV. For example, they may be unaware of the specific immunisation needs of children with HIV or of how to manage opportunistic infections. Paediatric formulations of drugs to treat opportunistic infections and antiretrovirals are not widely available. In many poor countries, children do not have access to antiretroviral therapy through public health services. Health workers may feel it is better to use limited resources to treat healthy children rather than children with HIV who will only live for a few months or years. Health workers may also be unaware of the health needs of children from families affected by HIV/AIDS but who are not themselves HIV-positive.
- **Work-related risks** – Children often have to work to contribute to household income or to support themselves and their siblings. Their health is at risk if they work in hazardous or dangerous conditions with little or no protection. For example, some jobs expose children to toxic substances, such as chemicals or pesticides, or to the risk of burns or injuries. Working long hours is also harmful to children's health and development.

Children affected by HIV/AIDS are at increased risk of malnutrition because of:

- **Parental illness** – Children in families affected by HIV/AIDS may not get enough to eat, because their parents are too sick to earn money to buy food, to farm their land or to sell their produce. Parents may not have the time or energy to prepare meals or to make sure that children eat properly.
- **Sale of assets** – Families may sell land or livestock to cope with reduced income or increased expenditure because of HIV-related illness. After the death of their parents, children may be forced to sell assets to pay debts or funeral expenses. Households without land or livestock cannot produce food or earn money to buy food, and have nothing to fall back on in times of food shortage.
- **Physical and psychological problems** – Frequent infections, such as diarrhoea, cause malnutrition. Emotional distress because parents are sick or have died can cause children to lose their appetite. They may not get the help they need to make sure that they eat properly.
- **Poor knowledge about nutrition** – Grandparents and children who are caring for younger siblings may not know about good childhood nutrition, because most nutrition education programmes are targeted at mothers.

Grandparents sometimes have traditional ideas about feeding children, including taboos about children eating certain types of foods. Older carers and children living without parents may not have the skills, energy, time or fuel to prepare nutritious meals.

- **Lack of money, land or skills** – Children living without parents or with grandparents may not get enough to eat because of poverty, especially if there are many children in the household. Many children and older people do not have the land, skills or tools required for food production, or the money to buy seeds, fertiliser or pesticides. Relatives may take land and livestock that belongs to children after the death of the parents. Parents may die before passing on agricultural skills, so even if children manage to keep the family land, they may not be able to produce enough food for themselves and their siblings.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT CHILDREN'S RIGHTS TO HEALTH AND DEVELOPMENT

Programmes should be based on the principle of children's rights to health and development, and non-discriminatory access to health care.

The Convention on the Rights of the Child states that:

- All children should have access to adequate healthcare services and programmes. These should include adequate preventive education and treatment for HIV/AIDS when necessary.
- Orphans and vulnerable children should receive special protection from economic exploitation and from performing any work that is likely to be hazardous or harmful to their health, or physical, mental, moral and social development.

Strategies for action

- Educate communities about the rights of all children to health and development, and the importance to society of healthy children.
- Promote collaboration between different sectors and organisations, including health, education and agriculture, community, women's, youth and PLHA organisations, and community, traditional and religious leaders.
- Consider carefully before HIV testing. Younger children should only be tested if appropriate counselling is available for the child and the caregiver and if knowing the HIV status will result in the child receiving better care and support. Older children should only be tested if the same conditions apply and they have understood the issues and given informed consent.
- Take steps to prevent discrimination. Possible approaches actions include:
 - Inform communities that children with HIV can stay healthy and live for many years if they receive good preventive care and treatment and good nutrition.
 - Make sure that health services have and implement protocols that protect the confidentiality of families and children.
 - Sensitise health workers to the needs of children with HIV, children living in affected families and orphans.
 - Educate health workers about HIV/AIDS and universal precautions, to reduce their fears about occupational transmission.
 - Advocate for health authorities to implement policies that protect against discrimination
 - Encourage community leaders and committees to protect children's rights to health care and to address discrimination in

healthcare provision for infected or affected children and their families.

Principle 2: ENSURE ACCESS TO QUALITY HEALTH CARE FOR FAMILIES AS WELL AS CHILDREN AFFECTED BY HIV/AIDS

The health and nutrition of children depends on the health of those who care for them. A sick caregiver cannot prepare meals, take a child to the clinic, or care for a child who is ill. Good-quality health care for parents, grandparents and other carers helps to prolong their lives and increase their capacity to look after children's health and nutrition. Programmes should provide health care for the whole family, as well as for affected or infected children. However, it is important to provide care for all poor and vulnerable families. Targeting affected households or children causes resentment and can increase stigmatisation and discrimination.

Strategies for action

- Ensure that caregivers, especially grandparents and older children, know how to access health services.
- Work with local leaders and community groups to identify ways to increase access to health care for the most poor vulnerable children and households. Possible actions include:
 - Exempt orphans, caregivers who are sick and households caring for many children from charges for medical consultations and drugs.
 - Promote links between schools and clinics, and increasing the awareness of teachers of the health needs of affected children.
- Ensure that health services and health workers are responsive to the needs of children and families affected by HIV/AIDS. Possible actions include:
 - Encourage health authorities and NGOs to train health workers in counselling skills and clinical management of children with HIV and children from affected families.
 - Make sure that health facilities have basic drugs and supplies to treat common childhood and adult infections and opportunistic infections.
 - Advocate for access to treatment with antiretroviral drugs for children and adults with HIV.
 - Ensure that health workers have clear guidelines on referral of children who do not respond to treatment for common infections.
 - Establish "one stop" family services that provide information, counselling, diagnosis and treatment.
 - Establish youth-friendly and child-friendly health services with specially trained staff and flexible opening hours.

- Promote links with TB programmes to ensure that adults with infectious disease receive anti-TB treatment.
- Provide home-based services for children or carers who are too sick or poor to come to the clinic.

In Cambodia, Save the Children UK worked with the Women's Organisation for Modern Economy and Nursing and the Solidarity for Urban Poor Federation in Phnom Penh, to improve provision of youth-friendly and child-friendly health services in slum areas.

Save the Children UK, 2001. Young people and HIV/AIDS: responding to the new Asian crisis

- Encourage communities to solve problems that stop people from accessing health care. Possible actions include:
 - Establish community funds to pay for healthcare costs for the poorest children and families, and children living without parents or with elderly carers.
 - Organise transport to health or referral centres.
 - Provide practical help with childcare or domestic tasks to give carers time to take children to the clinic.

In Cambodia, World Vision has provided ambulances to referral hospitals, to assist in referral of patients from the community to hospital, as well as from the referral hospitals to the national hospital. Villagers have to make a commitment to contribute the fuel costs for transportation from their community.

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- Promote a continuum of care for children, with links between communities, home-based care programmes, health centres and referral services.
- Include children in home-based care and treatment services provided by outreach teams, community health workers or community volunteers.

IDA in Cambodia supports home-based care through teams of community volunteers, PLHA, NGO and health centre staff. The teams provide care and referrals for children and child carers. IDA also pays costs related to health care, such as transport, tests and food, for families that cannot afford to.

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- Take steps to control counterfeit medicines and drugs. Possible approaches include:
 - Advocate for laws to prohibit the supply and sale of counterfeit medicines and drugs.
 - Encourage community committees to monitor the sale of counterfeit products.

- Educate communities about counterfeit products.

Principle 3: STRENGTHEN COMMUNITY AND FAMILY CAPACITY TO KEEP CHILDREN HEALTHY

Communities and families need to know how to keep children healthy. Carers need basic information about prevention and treatment of common childhood infections, including what they can do at home and when they need to take a child to the clinic. Those caring for children with HIV need to know how to look after children when they are sick and how to protect themselves from infection.

Strategies for action

- Educate communities and families about child health, and train older people as educators, especially in communities where the old are widely respected and are traditionally seen as a source of advice.
- Provide parents and caregivers with practical information about basic hygiene, good nutrition, immunisation, preventive care, treatment of mild illnesses and when to seek help from a health worker.
- Provide practical information, training and support for those caring for children with HIV. Possible actions include:
 - Organise educational sessions about the symptoms of HIV in children and how to care for children with HIV.
 - Provide information about how to prevent HIV transmission, for example, by minimising contact with blood and body fluids, covering open cuts and wounds and being careful with sharp instruments, and practical materials such as soap, disinfectants, and latex gloves.
 - Use home-based care programmes and home visits to offer training and support.
 - Promote links with healthcare services.
 - Implement training in palliative care for the dying, especially pain control.
- Give carers practical and emotional support. Possible actions include:
 - Encourage religious organisations, traditional healers, women's groups, youth groups, and self-help groups of people living with HIV/AIDS to provide psychosocial support to carers.
 - Establish peer support groups for older carers.
 - Organise day care to give carers a rest from looking after children.
 - Make referrals to counselling services.

During home visits in Cambodia, IDA teams provide education, counselling for people living with HIV/AIDS and their carers, health kits including basic

medicines to treat problems such as diarrhoea and skin infections, and practical training for carers in basic hygiene and nursing care.

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- Mobilise communities to improve the conditions that can increase the risk of infectious disease in children, for example poor housing and sanitation.

In Cambodia, the NGO NAPA works with local commune committees to help improve housing of affected families and child-headed households.

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HEALTH CARE

- Look out for symptoms of illness, especially cough, fever, fast or difficult breathing, loss of appetite, poor weight gain, diarrhoea and vomiting – treat or seek treatment as soon as possible.
- Make sure a child is immunised. *Note:* Children with HIV disease or AIDS should not be given BCG or yellow fever vaccine.
- Keep children away from people with TB, pneumonia and measles – if possible children should not sleep in the same room as a person with TB.
- If possible children should sleep under a mosquito net, preferably a net that has been treated with a suitable insecticide, to protect them from malaria.
- Give plenty of fluids to child with fever. Give paracetamol to reduce high fever. Take a child to a health centre if fever continues for more than 3 days, sooner if the child also has convulsions, diarrhoea, stiff neck, cough, or there is malaria in the area.
- Give a child with diarrhoea more fluids to drink than usual – water, soup, yoghurt drinks, coconut water, unsweetened tea, rice water – keep feeding the child, seek care if diarrhoea continues for more than 3 days, or there is blood in the stool, the child vomits often, eats or drinks poorly, or has fever.

Caring with Confidence: Healthlink Worldwide (1997)

Principle 4: STRENGTHEN COMMUNITY AND FAMILY CAPACITY TO PROVIDE GOOD NUTRITION

Immediate efforts to improve nutrition – for example by providing food – should be complemented by efforts to improve community and family self-sufficiency, for example, by increasing agricultural production. Nutrition education programmes should promote use of locally available, low-cost foods.

Carefully assess the nutritional needs of children from affected households before designing programme interventions. It is especially important to consider the implications of introducing school meal programmes. Providing a midday meal or breakfast can act as an incentive for school attendance and

improve children's ability to learn, and well designed programmes can help to improve children's nutrition. However, these programmes need to be designed to make sure that families do not see a school meal as a substitute for a meal at home and to make sure that children receive high-quality food. Programmes need to provide meals for all children, to avoid stigmatising children affected by HIV/AIDS.

Strategies for action

- Improve community and family knowledge about good nutrition and appropriate foods for children. Possible actions include:
 - Work to increase community and family awareness of the importance of good nutrition for children's health and development.
 - Provide nutrition counselling and education about locally available, low-cost nutritious foods and recipes through cookery and nutrition classes for parents, grandparents, older children and other carers.
 - Teach simple ways to prepare food that increases the nutritional value of meals and reduces fuel consumption, for example, adding oil to porridge and avoiding over-cooking.

In India, the YMCA runs nutrition education programmes for mothers and adolescents, which involve discussion of children's nutritional requirements and low-cost, locally available foods, and practical preparation of recipes.

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An NGO in India found that orphaned children being cared for by relatives were sometimes given less food than the families' own children. At the same time as providing nutritional support for these children, the NGO is working with families to encourage them to change their attitudes.

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- Make sure enough food is available. Possible actions include:
 - Mobilise support from government agricultural departments, for example, to advise families about animal raising, crop diversification or crops that require less labour, and to provide seeds, fertilisers and pesticides.
 - Establish community, school and home fruit and vegetable gardens, which can also be used to teach children agricultural skills.
 - Provide financial and practical support for households or communities to start growing crops for sale or animal husbandry.
 - Promote small-scale community-based food processing to improve access to food and income.

- Mobilising community labour to assist households headed by children or the elderly with planting and harvesting.
- Establish community grain or rice banks to make sure orphans and vulnerable children have enough food.
- Improve crop preservation and storage methods.

In Cambodia, the NGO Khin Care provides elderly and child carers with seeds and small amounts of funding for raising pigs and chickens. This helps to improve children's nutrition directly as well as indirectly through improved income from sale of products.

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Also in Cambodia, the NGO NAPA has trained communities to run home gardens, and surplus vegetables are given to orphaned children.

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- Mobilise support for affected families and children from communities, NGOs, religious organisations and the private sector. Possible actions include:
 - Introduce community meal schemes for younger children.
 - Provide meals to pre-school children at daycare centres.
 - Target nutritional supplements, such as high-energy foods and vitamins, to the most vulnerable children.
 - Use religious venues to coordinate food collection and distribution.
 - Encourage local businesses and food suppliers to donate food.

A volunteer network led by a Buddhist monk collects and distributes donated food to families in need in one district of Cambodia. In Vietnam, pagodas receive food and other material offerings. They often receive more than they need, and distribute the excess to poor families. A Buddhist temple in Thailand has set up a milk bank to improve children's nutrition.

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The Women's Action Group is providing nutritional support to over 250 HIV-infected and affected children and their families in a poor slum area of Delhi in India. Families are given weekly rations, which the NGO buys from shops in the community, to support the local economy. The initiative is partly funded by the NGO and partly funded by the community. Provision of food is accompanied by cooking demonstrations for parents and children. NGO staff make periodic home visits to check that the rations are given to the children and are not resold in the market. In addition, when the children come to collect their rations, a doctor checks their weight and height and follows up any child that is losing weight.

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In India, the Rotary Club provides a daily breakfast for adults and children receiving treatment for TB through a DOTS (directly observed therapy - short course) programme.

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Principle 5: PROVIDE CHILDREN WITH APPROPRIATE KNOWLEDGE, SKILLS AND SUPPORT

Children affected by HIV/AIDS often take on responsibility for caring for their sick parents or for younger siblings. They can play an active role in promoting their own health and nutrition and that of their families, if they are given the knowledge, skills and support to do so. Programmes should encourage children's participation and identify ways to give children a voice in their own health and development, and in decisions about their treatment and care.

Strategies for action

- Educate children about how to prevent common infectious illness, including the basic principles of good sanitation and hygiene; the importance of immunisation; how to prepare a nutritious low-cost diet; and the prevention of transmission of HIV.
- Encourage educational authorities and schools to teach children about health, hygiene and nutrition.

In India, Nutrition Week celebrations are used to improve children's knowledge of health and nutrition. Children are encouraged to undertake activities at school and in the community, such as making posters and writing songs.

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- Ensure that children know how to access information, counselling and treatment services.
- Identify community volunteers to accompany children without parents, or whose carers are sick, to health facilities.
- Develop child-friendly information and strategies to help them take their medicines.
- Provide practical information, training and support for children who are caring for parents with HIV, including information about how to prevent HIV transmission, and practical materials such as soap, disinfectants, and latex gloves.
- Use home-based care and home-visit programmes to provide practical and emotional support for children caring for sick family members.

LIVELIHOODS AND ECONOMICS

INTRODUCTION

HIV/AIDS has a major impact on economics and livelihoods, increasing poverty and reducing economic opportunities.

Many children affected by HIV/AIDS live in great poverty. Poor households are struggling to meet children's needs for food, clothing, health care and education. HIV/AIDS-related illness and death increase expenditure and decrease income, reducing household economic resources. Taking responsibility for additional children increases the burden on families who are already suffering economic hardship.

Living in poverty also reduces children's opportunities for training and education. With few qualifications and skills, children's future employment prospects are limited to informal and low-paid work. This reduces their ability to improve their economic situation. They are likely to grow up into the poor adults and parents of tomorrow. Many orphans and affected children also lose their rights to family land, property and livestock. Without assets, it is difficult for them to generate income or obtain credit.

This Guide is divided into two sections:

- **Issues** – considers the economic impact of HIV/AIDS on children and explains why programmes need to strengthen the livelihood and economic skills and resources of children, families and communities.
- **Principles and strategies** – outlines the key principles of programming to improve the economic situation of children affected by HIV/AIDS, and describes possible ways of taking action to strengthen the livelihood and economic skills and resources of children, families and communities.

ISSUES

HIV/AIDS creates or worsens poverty because of:

- **Decreased income** – Family income decreases when parents become too sick to work their land or to earn an income. Sometimes a parent may lose their job because of their HIV infection or frequent illness. Often the household has no income at all after the parents die. In places where HIV/AIDS is highly stigmatised, the family may lose income because other people in the community refuse to buy their crops or goods.

An appraisal of the situation of children affected by HIV/AIDS in Cambodia found that in some cases children are reduced to begging. As one child said: "I want not to have to beg".

Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia. KHANA, 2000.

- **Increased expenditure** – Households with a family member with HIV-related illness often spend much of their income on medical treatment, leaving less money for food, health care and education.
- **Reduced resources** – To cope with economic hardship, affected families commonly sell assets or use up their savings, reducing their capacity to generate income or to borrow.
- **Family debt** – Borrowing money to pay for food, medical treatment or funeral costs is often the only option for poor families. If parents die leaving unsettled debts, children may have to take responsibility for repayment. In some cases, they may be subjected to violence from moneylenders or be forced into bonded labour to pay off the debt.
- **Increased pressure on poor households** – Caring for orphans increases the economic burden on families who are already caring for their own children. Elderly carers with no source of income or welfare safety net find it particularly difficult to cope with the costs of raising orphaned grandchildren.
- **Lack of welfare support** – Children and older people may not know about their entitlement to welfare benefits or may lack the knowledge and skills to obtain benefits.

HIV/AIDS reduces children's economic opportunities and future life chances because of:

- **Loss of inheritance** – Selling off family assets, such as property, land or livestock, reduces the capacity of children to generate income or obtain credit. If parents do not make a will, children may lose their inheritance to relatives, especially when they have no legal rights or title deeds. These children may not have access to legal support to help them claim their

rights. Grandparents may lack the resources or capacity to pursue a legal case on behalf of orphaned grandchildren.

A study in Thailand found that many families of people living with HIV/AIDS used family savings, often intended to pay for children's future education, or sold land to pay for medical treatment.

W Im-Em and S Phuangsaachai, 1999. Household resources allocation and responses toward AIDS-related illnesses. Mahidol University and CARE, Bangkok

- **Lack of economic support and skills** – Without a regular income or assets, or with existing debts, it is difficult for poor and HIV-affected families, the elderly or children to obtain credit or loans. Households headed by children or the elderly also commonly lack skills and access to training to help them start income-generating initiatives or to market their goods. Children may be unaware of or denied their parents' share of community savings and credit schemes.
- **Missed education** – Children in affected households or who have lost their parents often have to earn money to contribute to family income or to support themselves. Even if the family can afford to educate them, children from poor homes may feel too ashamed to go to school if they do not have clothes or shoes. These children start work earlier than their peers, reducing their chances of achieving basic literacy or gaining qualifications. Children in affected households may also drop out of or miss school to help with caring for the sick, domestic tasks, farming or the family business.
- **Reduced life chances** – Children without education or formal qualifications are less likely to have access to vocational training and have limited employment opportunities. These children may end up working for low wages in the informal economy, with little chance of improving their situation. Girls who drop out of school or miss school may have little alternative but to sell sex in order to support themselves and their families, increasing their risk of HIV infection.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT CHILDREN'S RIGHTS

Children have the right to enjoy adequate standards of living and to have access to welfare benefits, including social security and social insurance. It is essential to protect children's rights to their inheritance.

Protecting the rights of widows as well as of children is also important, as children's wellbeing often depends on the economic resources available to their mother.

Strategies for action

- Ensure that affected households and children have access to welfare entitlements. Possible actions include:
 - Provide affected families with information about how to access scholarships, free health care and other benefits.
 - Give households headed by children or elderly carers practical help with application forms and procedures.
 - Identify community advocates who can ensure that orphaned children receive the social welfare benefits they are entitled to.
- Encourage families to protect their children's rights to property, land and other assets. Possible actions include:
 - Help families to make a legally binding will.
 - Encourage parents to pass on birth certificates and title deeds to their children.
 - Promote birth registration in places where children need a birth certificate to inherit property or to obtain social welfare benefits.
 - Make sure that children and their carers are aware of laws that exist to protect inheritance rights.
 - Provide access to legal advice, aid and support for children and caregivers to help them claim what they are legally entitled to.

In India, the Lawyers' Collective provides advice to help ensure that children's inheritance rights are protected. One man who had taken on responsibility for caring for his nieces and nephews was very concerned that they would lose their share of their deceased father's property to unscrupulous relatives. The Collective helped him to file a guardianship petition to look after the children and their property and to file an injunction to restrain paternal relatives from selling or transferring the property. In another case, lawyers and social workers helped orphaned siblings to get the family home transferred into their name.

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- Mobilise the community to protect the rights of widows and children. Possible actions include:

- Promote awareness of the inheritance rights of women and children.
- Enlist community leaders to protect the inheritance rights of widows and children and to solve family disputes.
- Encourage village committees to take responsibility for promoting the interests of orphans and vulnerable children, including protecting them from unscrupulous relatives.

Principle 2: PROMOTE COMMUNITY SELF-RELIANCE

Strengthen the capacity of communities and families to improve their situation. Schemes that rely on donor funds to provide financial and material support are not sustainable and encourage dependence on welfare and external support.

Strategies for action

- Promote integration with existing community structures to ensure sustainability. Possible actions include:
 - Strengthen existing community organisations rather than establishing new structures to address the needs of children affected by HIV/AIDS.
 - Encourage village development committees to organise the provision of practical support for affected families.
- Mobilise communities to provide economic and material support. Possible actions include:
 - Establish community welfare funds to pay for education and health care for orphans and vulnerable children, to cover the costs of funerals, or to provide short-term relief to families in crisis.
 - Promote community food and clothing donation schemes.
 - Involving religious organisations.

The Sangha Metta Project, which works in Thailand, Cambodia, Laos, Bhutan and Vietnam, encourages Buddhist monks and nuns to get involved in HIV/AIDS care and support. Communities traditionally make donations to the temple, and the monks are using this mechanism to generate resources, which they distribute to affected families and children during home visits. Some temples are conducting fundraising activities on special days such as World AIDS Day and Children's Day, as well as motivating community volunteers to provide practical support to affected families.

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In Cambodia, the NGO NAPA is encouraging communities to help grandparents caring for their orphaned grandchildren by giving clothes and school materials.

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- Encourage communities to provide labour when parents are too sick to work and for households headed by children or grandparents. Possible actions include:
 - Identify community volunteers to help with tasks such as harvesting or house repairs.
 - Establish "labour banks".
 - Establish caregiver groups to provide mutual practical support.
- Encourage communities and families to contribute towards the cost of providing services.

The Orchid Clinic in Thailand, which provides daycare services for infected and affected children, expects parents in return to make a regular contribution to a bank account for their child.

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Principle 3: STRENGTHEN THE ECONOMIC COPING CAPACITY OF FAMILIES AND COMMUNITIES

Families and communities are the main safety net for children. Their capacity to provide for children depends on their economic resources and ability to maintain livelihoods.

When they are in economic difficulties, families rely on relatives, neighbours and others in the community and on, for example, community-based child care, repair of deteriorating houses, apprenticeships and training, agricultural support, labour sharing, credit and savings schemes. Efforts to build the capacity of households must be complemented by efforts to strengthen community safety nets. Strategies to address poverty and improve the situation of affected children should therefore focus on strengthening the economic coping capacity of communities and families rather than providing direct economic support to children.

Strategies for action

- Promote coordinated approaches to avoid provision of piecemeal support from different sources. Affected children and families require a range of support, which requires different programmes and projects to work together. Possible actions include:
 - Promote links between programmes intended to support affected children and other community development programmes, for example, community development, rural livelihoods, agriculture, non-formal education, micro-finance and credit.
 - Coordinate activities with health and education services.

- Help families to maintain economic independence. Possible actions include:
 - Provide legal support to parents with HIV who experience discrimination at work or are dismissed from their jobs.
 - Introduce practical measures that enable parents to continue to earn income or work their land, for example, community pre-school and daycare centres for children.
 - Involve the elderly and affected children in identifying solutions to their economic problems and developing income-generating activities.
 - Provide agricultural advice to help affected families grow crops that require less labour.

In Cambodia, the organisation IDA supports the employment rights of people living with HIV/AIDS. In one case, an HIV-positive woman was dismissed from her job because she was sometimes sick. IDA helped her to get her job back by talking to her boss about HIV/AIDS.

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The Orchid Clinic daycare centre for children allows people living with HIV/AIDS. to continue to work without worrying about leaving their children alone all day.

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- Strengthen capacity to generate income. Possible actions include:
 - Target income-generating schemes to affected families, in particular grandparents, widows and children.
 - Explore how older people can generate income using traditional skills.
 - Identify local employment needs and providing relevant vocational training for affected families.
 - Provide training in business, financial and marketing skills.
 - Support cottage industries, small-scale community and family initiatives, cooperatives and self-help groups.
 - Promote links with the private and business sector, including helping communities to market their products.
 - Establish small-scale animal husbandry enterprises.
 - Provide grants to buy equipment and tools for affected families who are setting up small-scale enterprises, or establishing a community "tools bank".

In India, Project CHILD targets support for income-generating activities to grandparents caring for orphaned children, as older people find it difficult to get a job or to obtain credit, and often have no savings to fall back on. Project CHILD also provides direct material and financial assistance to the poorest

grandparents to help them continue to raise their grandchildren in order to avoid the institutionalisation of these children.

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The rural NGO, Homeland, in Cambodia recognises that supporting women to earn an income after their husbands have died is essential to keeping families together. Homeland supports groups of HIV-positive and negative widows to make and sell cloth and mats. This helps them economically, promotes integration and understanding between women with and without HIV, and gives children from affected families the opportunity to play with other children.

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In Thailand, Buddhist temples are providing practical support for income generation. For example, the community is using land donated by one temple to grow vegetables and to farm fish, and uses profits from the sale of produce to help affected families. Another temple is providing training in income-generating skills such as tailoring and traditional silver crafting.

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Lessons learned about income-generating activities

- **Target the whole community** – This helps more people, increases contributions, shares the work, is more likely to succeed and less likely to cause resentment than targeting specific households.
- **Involve households and children in identifying potential projects** – This develops ownership and a sense of self-worth, as well as making sure that children can take over if adults become sick or die.
- **Have clear objectives** – Decide whether the activities are intended to be a sustainable business or to provide mutual support with some material benefits.
- **Plan carefully** – Analyse the feasibility of any planned activity, and make sure people understand the time and resources required.
- **Avoid too narrow a focus** – Many projects focus on cottage industry crafts instead of producing goods that are appropriate to the local situation and that people actually want to buy, such as soap, clothes and food products. Diversify income sources so income is not badly affected when returns from one source are poor.
- **Ensure activities can be managed and maintained by the community** – Avoid activities that need ongoing external support or equipment that is difficult or expensive to repair.
- **Provide adequate support** – This includes training in business and production skills, funds to secure premises, materials and equipment, and technical assistance with processing and marketing.
- **Plan how to deal with problems** – Establish clear rules about leadership, ownership and profit sharing. Plan how to deal with conflict, interference from local leaders, and hostility from others in the community who chose not to or cannot be involved.

- Improve access to micro-finance – savings, loans and credit – to help households to maintain income flow in times of crisis and acquire savings. Possible actions include:
 - Target start-up grants and low-interest loans to families without security and to the poorest affected families.
 - Provide affected families with information and support to help them obtain loans.

In Cambodia, the organisation NAPA provides small loans to affected families who do not have capital or access to credit to enable them to start small businesses. This support has enabled the children in these families to continue to go to school. Another Cambodian NGO, Friends, also provides affected families with credit to start income-generating activities.

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Help Age International is working with NGOs in Thailand to strengthen older people's associations and support income-generating activities by older people. Using funds from NGOs, government grants and their own fundraising activities, the associations offer loans at low interest rates to older carers. One 79-year-old woman used the loan to expand her business, which enabled her to pay her granddaughter's school fees and reduced her constant worry about making ends meet.

Help Age International, December 2002. HIV/AIDS and older people. Ageways, issue 61

Principle 4: HELP CHILDREN TO DEVELOP PRACTICAL ECONOMIC AND LIVELIHOOD SKILLS

Given the skills and opportunities, children are capable of caring for themselves and their siblings, and of making responsible economic choices. Children need relevant education and training to enable them to earn a living in the community. Children themselves have identified vocational training and household and business management skills as a priority.

Strategies for action

- Identify adults in the community who are willing to share their skills with children without parents or whose parents are very sick.
- Provide children with vocational skills so that they can, if necessary, generate income to enable them to stay at school and can earn a living after they leave school. Possible actions include:
 - Develop vocational training schemes that are relevant to local livelihoods and employment needs.
 - Integrate vocational and skills training into schools.
 - Establish links with institutions that provide vocational training.

- Establish apprenticeship programmes with local companies or small community businesses.
- Encourage local businesses to fund youth skills development.
- Set up revolving fund or loan schemes to support apprenticeships, attendance at vocational training schools, and help young people set up small businesses.

Some NGOs in Cambodia are linking vulnerable children to government vocational training schemes. One girl from an family affected by AIDS living in severe poverty attended a six-month hairdressing course through the provincial women's organisation and now has a job and is able to help support her family. Other NGOs are providing vocational training directly. For example, Friends runs a training centre for children living on the streets of Phnom Penh, and CARE trains orphans and children who are heads of households in skills such as tailoring, also providing them with sewing machines and materials.

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In Thailand, some primary schools are teaching livelihood skills, both to motivate children to remain in school and to enable them to earn a living while they are in school and after they leave.

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- Develop children's household budgeting and financial management skills.

In Thailand, several NGOs are helping older children to learn how to manage money.

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Principle 5: SUPPORT FUTURE PLANNING FOR CHILDREN

Families and communities need to plan for the future of children whose parents are sick or who may die. This should be done while the parents are still alive and well and with the involvement of children themselves.

Strategies for action

- Help families to plan for their children's future. Possible actions include:
 - Encourage parents and grandparents to pass on skills and knowledge before they become too ill to do so.
 - Help parents to establish a bank account or savings for their children.

In India, the NGO Committed Communities Development Trust encourages HIV-positive parents to start putting aside some of their earnings for their children and to ensure that funds from sale of assets such as land go into an account for their children.

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- Review savings and credit schemes. Possible actions include:
 - Allow orphans and child-headed households to participate in community savings schemes and revolving funds.
 - Ensure that children receive parental shares.
- Establish insurance and other financial security schemes for widows and orphans, including providing for sickness or death insurance in micro-finance services.

EDUCATION AND TRAINING

INTRODUCTION

Children affected by HIV/AIDS are less likely to be enrolled in school or to attend regularly. They may perform less well than their potential because of grief and anxiety, isolation and withdrawal, or stigma and discrimination. Poverty means that many children come to school hungry, tired, sick and unable to concentrate, and therefore do less well. Some affected children drop out of school early because they need to earn an income to support themselves or their families or perform domestic chores, and because they lack adult support and guidance. This is particularly the case for girls. If children do not remain in school long enough to achieve basic literacy or qualifications, this affects their opportunities for future training and employment.

However, it is vital for children that they attend school and take full advantage of their education. School is also important for their psychological development. Schools can provide children with a safe, structured environment, emotional support and supervision of adults, and the opportunity to learn how to interact with other children and to develop social networks. Education, in and out of school, can also reduce children's risk of HIV infection by increasing their knowledge, skills and opportunities.

Children also need vocational training, especially those who have to earn money. Providing children with vocational skills strengthens families' economic coping capacity, and improves their life chances and future employment prospects.

This Guide is divided into two sections:

- **Issues** – considers how HIV/AIDS affects children's education and explains why programmes need to pay attention to the education and training of children affected by HIV/AIDS, including their need for information about HIV/AIDS.
- **Principles and strategies** – outlines principles of programming to improve children's education and training, and describes possible ways of taking action to address the educational needs of children affected by HIV/AIDS.

ISSUES

HIV/AIDS reduces children's access to education and to training opportunities because of:

- **Poverty** – Families living in poverty because of HIV/AIDS may not be able to pay school fees. Food or medicines may take priority over education. Even when schooling is free, families may be unable to afford the other costs of education, such as uniforms, books and travel to and from school. Sometimes poor children feel too ashamed to go to school because they do not have shoes or nice clothes. Many affected children and children living without parents attend school irregularly or drop out of school altogether, because they have to earn money to contribute to household income or to support themselves and their younger brothers and sisters.

As one child in Cambodia said: "I want a school bag so that I can look like other children". Another boy said: "After my parents died the burden of responsibility for the family fell on my shoulders and I no longer have the opportunity to go to school".

KHANA, 2000. Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia

- **Family responsibilities** – Children from affected families may miss school or drop out of school because they have to perform domestic tasks, help with farming or the family business, and care for sick parents or younger siblings. Children with many responsibilities may not have the time or energy to study. Girls are often more likely to stop going to school to help at home, affecting their future life chances.
- **Poor health and malnutrition** – Children from affected families and children with HIV may have frequent illness because of inadequate living conditions, poor nutrition, lack of parental care and access to health services. Children who are sick or malnourished are less likely to attend school. If they do go to school, they find it more difficult to concentrate and learn.
- **Psychological problems** – The illness or death of a parent causes children severe emotional distress. They may experience anxiety, depression, low self-esteem, and become isolated and withdrawn. These difficulties can prevent a child from attending school or performing well at school.
- **Stigma and discrimination** – Children from affected families and children with HIV may miss or drop out of school because of teasing or rejection by other children or the discriminatory attitudes of teachers. Sometimes they are denied access to education by school principals or teachers or are forced to leave school because of the negative attitudes of parents of other children. In places where the education of girls is considered to be less

important, girls are discriminated against when poor families have to decide which of their children can go to school.

A study in Thailand found that in 20% of affected families, children were ostracised by other children and in several cases they were forced to leave school.

Yoktri M, 1999. AIDS ...Impact on children in Thailand

In Cambodia, there have been cases of children denied access to school because of discrimination. In one case, a boy whose parents were infected with HIV was denied access to school by the school principal. In another case, three children whose parents had died of AIDS were discriminated against by schoolteachers, who scolded and beat them in class. Because of this treatment, in addition to their financial difficulties, these children decided to stop going to school.

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Similar cases have been reported from India. In one case, two orphaned children were living with their grandparents. When news that their parents had died of AIDS spread through the community, they were thrown out of school. These children changed schools several times, but each time were denied education. Finally, a school agreed to admit them, but the parents of other pupils removed their children from school, so the authorities asked the children not to go to school and a teacher now tutors them at home. These children are denied the right to the same education as other children, to play and interact with other children of their own age.

Johari V, 2002. Silent cries and hidden tears. Lawyers' Collective

- **Lack of adult support** – Children without parents may lack adult support to make sure they go to school, encourage them, and help with their schoolwork. Children whose parents have died may not have a birth record, which may be required to enrol at school, or an adult who can register them. Elderly carers and other relatives may be unable or unwilling to send orphaned children to school, expecting them to help at home or to work. In some places, children drop out of school because they do not have parents to protect them from beatings or abuse by teachers.
- **Quality and relevance of education** – HIV/AIDS affects the quality of education if teachers are ill or have to care for family members who are sick. Poor-quality education discourages school attendance. Sometimes children do not go to school because the curriculum is not relevant to their daily lives or future employment prospects, or because school hours are not convenient for working children. If children miss school, there is often no help available to enable them to catch up. Children who find it difficult to keep up may lose their motivation to learn and drop out of school altogether. In addition, many children lack basic knowledge about HIV/AIDS, because the subject is not taught in schools.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT CHILDREN'S RIGHTS TO EDUCATION

Children have the right to education. Programmes for children affected by HIV/AIDS should promote children's right to education and advocate for policies that support equal educational opportunities for all children.

The Convention on the Rights of the Child states that:

- **Access to primary education is a basic need and the right of every child.**

Strategies for action

- Promote community awareness of the importance of education and encourage communities, families and guardians to take responsibility for educating the children in their care. Possible actions include:
 - Support adult literacy programmes, so that communities see the benefits of education.
 - Make families aware of children's rights to education and their legal responsibilities.
- Advocate for the right of all children to receive an education, including HIV/AIDS affected and HIV-infected children, working children, street children, and children from the poorest families.
- Highlight gender discrimination and the importance of girls' access to education and vocational training. Possible actions include:
 - Advocate for changes in laws and policies that exclude girls who become pregnant from school.
 - Target support for school fees to girls' education.
 - Provide separate sanitation facilities at school for girls and boys.
 - Encourage girls to learn subjects such as mathematics, science and technology.
- Make sure that children themselves are aware of their right to education.
- Identify community advocates to enrol children at school.

In India, the YWCA provides education and counselling to children to promote awareness of their right to education.

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Principle 2: IMPROVE ACCESS TO EDUCATION AND TRAINING

Programmes should support strategies to increase children's access to school and to vocational training. This means addressing financial, practical and

other barriers to education, such as stigma and discrimination. Efforts to increase access to education, such as paying school fees, should be sustainable. They should focus on strengthening the capacity of communities and families to support their children's education.

Strategies for action

- Strengthen the capacity of communities and families to support the education of children. Possible actions include:
 - Establish pre-schools and nurseries to give children from poor families a good start before they begin primary school, and to enable their older siblings to attend school.
 - Support initiatives to increase income.
 - Provide practical support to grandparents who have to continue working to pay for schooling for their orphaned grandchildren.
 - Encourage communities to work together to negotiate with schools and teachers and to advocate on behalf of children without parents.
 - Provide practical support with caring for sick adults, for example through home-based care programmes or community volunteers, so that children who care for their parents can attend school.

In some rural areas of Cambodia, schools are only open for a short time and teachers demand private fees for afternoon teaching. If families cannot afford this, their children are unable to access good education. Some communities have decided to join together to negotiate with teachers over fees, as well as advocating for exemptions on behalf of children with no adult or financial support.

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Educating orphaned children puts considerable pressure on grandparents, as one 70-year-old man in Thailand described. "My son and his wife died of AIDS six years ago leaving a four-year-old child with me. My wife and I still have to work in the field so we have enough money to send our grandchild to school."

Help Age International, Thailand. Voices of older people from Asia-Pacific.

The Khmer Buddhist Association helps children affected by HIV/AIDS to continue their schooling, in addition to mobilising community resources to care for children and helping families with succession planning. For example, the Association has helped one widow to buy a small plot of land and to get treatment for her opportunistic infections so that she can be economically independent and in the meantime has provided support for her two older children to return to school.

KHANA Annual Report, 2002

In Cambodia, CARE provides support to affected families to enable children to continue their schooling. One 13-year-old girl whose father had died of

HIV/AIDS stopped going to school to care for her mother, who also has HIV infection and is chronically ill. With support from the CARE home care team, who help to look after her mother, she has been able to resume her studies. Another Cambodian NGO runs a hospice to provide care for very sick and dying people living with HIV/AIDS. This relieves the burden of care on children and ensures that they can go to school.

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- Support the cost of educating children from very poor families and children without parents. Possible actions include:
 - Advocate with local education authorities and schools to reduce or waive school fees.
 - Access tuition fees provided by the government.
 - Accept labour or in-kind payments from households and communities.
 - Encourage communities to establish special funds to pay fees or other costs of schooling.
 - Set up donation schemes for school materials and equipment.
 - Establish scholarship schemes and bursaries through religious or private-sector organisations.

In Thailand, the NGO Northnet has established a community fund to raise money to pay school fees. The fund supports any child who is unable to go to school because of poverty, not just children affected by HIV/AIDS, to avoid stigma and discrimination. The NGO supports income-generating activities at the same time, to ensure that funds are replenished and do not become dependent on external funding.

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Also in Thailand, the Sangha Metta project, which supports Buddhist monks and nuns to conduct HIV/AIDS prevention and care, is encouraging temples to offer scholarships to children of people living with HIV/AIDS to enable them to continue to attend school. Temples also receive and distribute donations of textbooks, pens, notebooks, and provide children with school uniforms.

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- Reduce stigma and discrimination. Possible actions include:
 - Advocate with local education authorities for policies to protect children from discrimination by and in schools, and for the introduction of universal precautions to prevent transmission and reduce fear of infection.
 - Educate school principals, teachers and parents about HIV/AIDS and sensitising them to the situation of affected children and the impact of stigma and discrimination on children's education and wellbeing.

- Train teachers so that they have the skills to tackle stigma and discrimination and can provide psychological and emotional support to affected children.
- Identify community volunteers to advocate with schools and parents on behalf of affected children.
- Educate schoolchildren about HIV/AIDS to reduce fears and misconceptions, and working with children to develop educational materials that promote positive attitudes towards people living with and those affected by HIV/AIDS.
- Provide counselling for children to help them talk about their feelings and to cope with negative attitudes.

Save the Children reported that schools played an important role in combating stigma in Thailand, changing attitudes towards people living with HIV/AIDS which were previously characterised by fear and discrimination, and in raising awareness in the community. Also in Thailand, the Centre for AIDS Rights, an NGO focusing on human rights, is working to address the situation of children who have been excluded from school because of the discriminatory attitudes of other parents and teachers. NGO staff visit schools and communities to raise awareness and change attitudes, and the NGO also provides legal advice and support in cases where children's rights are denied.

Save the Children UK Bangkok, 2001. Thailand HIV/AIDS Research and Project Proposal

- Identify practical ways to make schooling more accessible to children. Possible actions include:
 - Offer flexible school hours so that children who work or have domestic responsibilities can attend.
 - Establish evening or open or community schools.
 - Develop distance-learning programmes.

In India, an NGO called CHELSEA organises remedial classes for children who have been unable to attend formal school.

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- Provide children with psychological and emotional support to enable them to access and benefit from education. Possible actions include:
 - Identify trusted members of the community to take an interest in the education of children without parents and to provide them with encouragement and support.
 - Identify individual teachers to take special responsibility for the progress of children without adult support.

The YWCA in India highlights the importance of providing children with more than just financial and practical support to enable them to take advantage of educational opportunities, especially if they have missed out on early education

or come from poor or abusive families. One girl aged nine years, who was the sole breadwinner for her family, started attending the YWCA's non-formal education and life skills classes. Although she was married off at the age of 11 to a man of 23 years, psychological and emotional support gave her the confidence to leave her husband and to start attending a residential school.

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Principle 3: STRENGTHEN THE ROLE OF SCHOOLS

Schools can play an important role in providing information about HIV/AIDS, tackling stigma and discrimination, and supporting and referring children affected by HIV/AIDS to other services. They can promote life skills that help children to protect themselves and provide the foundation for future employment. Programmes need to strengthen the role of schools in providing support to affected children and to encourage schools to offer education that is relevant to the daily lives of children and their families.

Strategies for action

- Encourage schools to teach topics that are relevant. Possible actions include:
 - Review the primary school curriculum.
 - Promote the role of the elderly and using local wisdom and knowledge.
 - Integrate practical skills into teaching of subjects such as mathematics.
 - Encourage schools to integrate community service into the curriculum, for example providing labour for affected households.
 - Involve communities in improving and evaluating education in schools.
- Train and sensitise teachers to provide counselling, emotional and practical support, and establish teacher support networks.
- Create a supportive and caring school environment, where children feel safe and secure and where their rights are respected. Possible actions include:
 - Encourage children to decorate classrooms with their own artwork.
 - Provide counselling space and areas for children who are sick.
 - Establish peer counselling and child-to-child programmes in schools to promote good communication.
- Encourage schools to develop strategies to continue the teaching of children who miss or drop out of school because they are sick or have domestic responsibilities. Possible actions include:
 - Offer catch-up lessons.

- Organise community homework clubs.
 - Encourage peer support between children.
 - Mobilise retired or volunteer teachers to give children extra tuition.
- Promote links between schools and health and welfare services, and develop protocols to help teachers respond to the needs of affected children and to refer them for support.
 - Use schools for a wider range of community activities, such as training and support for caregivers, community clubs, non-formal education for adults and children who have dropped out of school.

Principle 4: SUPPORT VOCATIONAL TRAINING FOR CHILDREN

Programmes need to recognise that children affected by HIV/AIDS often need to work, to support themselves or their families. Some children work and go to school. Some children drop out of school to work. Providing children who are in and out of school with practical and relevant vocational skills is critical to help them become self-reliant and to improve their future employment prospects.

Strategies for action

- Support research to improve understanding of the needs of the job market, to develop relevant training.
- Promote vocational training for children in the community. Possible actions include:
 - Link up with vocational training centres and developing training networks.
 - Involve community craftspeople and artisans in teaching practical skills.
 - Encourage religious organisations and the private sector to support vocational training, for example, using temples or business premises for training.
 - Use school infrastructure as vocational training centres for carers and out-of-school youth in the evenings and weekends.
 - Establish local apprenticeship schemes.

In Thailand, temples offer vocational training to children who are unable to complete school, developing skills in tailoring and traditional silver smithing.
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- Integrate vocational training for children into schools. Possible actions include:
 - Promote collaboration between parents willing to share vocational skills and teachers, through parent/teacher associations.

- Provide vocational training together with basic literacy skills.

In Cambodia, the NGO Friends, which works with street children, runs a training centre providing vocational training in 11 different trades. The centre also offers basic literacy and remedial classes to enable children to reintegrate into the school system or to run their own businesses, as well as operating a mobile library to reach out to children on the streets.

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Principle 5: EDUCATE CHILDREN ABOUT HIV/AIDS

Children need information and skills about HIV/AIDS to protect themselves from the risk of HIV infection. Schools can play an important role in educating children about HIV and AIDS and need support to do this effectively. Other programmes need to target children who are not in school and who may be particularly vulnerable, such as street children.

Strategies for action

- Encourage school authorities to provide pupils with clear information about HIV/AIDS, and to include sexual health and life skills education in the school timetable.

The Thai Life Skills Development Foundation programme to promote child-friendly schools is encouraging schools to develop life skills for children in difficult circumstances, including children with or affected by HIV. The Foundation helps schools to take a learner-centred approach and to use active learning to develop self-esteem and communication skills, and to cope with stress and bereavement.

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India has developed "Learning for Life", a family health and life skills education module for schools, which covers adolescence and growing up, teenage pregnancy, STDs (sexually transmitted diseases) and HIV/AIDS, resisting peer pressure, creating a supportive environment and removing discrimination. NCERT/NACO/UNICEF/UNESCO, 2000. *Learning for Life: a guide to family health and life skills education for teachers and students*

- Provide HIV/AIDS education to improve knowledge, promote positive attitudes and develop skills, in schools. Possible actions include:
 - Train teachers to teach about HIV/AIDS using participatory and active learning methods that are sensitive to the situation of affected and infected children.
 - Use NGOs, groups of people living with HIV/AIDS and religious organisations to run HIV/AIDS awareness sessions in schools.

In India, CHETNA is conducting a school AIDS education programme in 70 urban and rural schools. The programme runs advocacy workshops to orient school principals and parents and obtain their permission and support. It also provides training to build the knowledge and skills of teachers and peer educators in communication and the use of participatory methods. CHETNA uses simple tools for education, for example, aprons with pictures of male and female reproductive health systems are used to teach children, since many lack basic understanding of reproductive physiology. CHETNA has also organised a children's fair with the participation of all 70 schools, with stalls providing information and an exhibition of children's art.

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The Sangha Metta project in Thailand is training student monks to share information about HIV/AIDS with schoolchildren and to organise education activities for children and adolescents.

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In Cambodia, the NGO NAPA organises sessions in schools, for example on World AIDS Day, where children affected by HIV/AIDS tell their life stories to other children. Another NGO in Cambodia uses games and role-play to educate schoolchildren about sexual behaviour and condom use.

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- Involve communities and parents in planning HIV/AIDS education programmes for children and use methods that are culturally appropriate and relevant to the daily lives of children and their families, to ensure their support.

A centre in Laos promotes itself as a venue for traditional arts and recreation activities, as well as providing counselling and information about sexual and reproductive health. In this way, it is able to address the concerns of young people without being threatening to adults in the community.

Save the Children UK, 2001. Young people and HIV/AIDS: responding to the new Asian crisis

- Support peer and youth educators to conduct HIV/AIDS and life skills education with in and out-of-school youth.

The Thai "friends tell friends" programme selects and trains children to conduct peer education in schools.

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In Cambodia, CARE is supporting youth advocates to do outreach work by providing them with bicycles.

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In India, the Thoughtshop Foundation started a youth movement called Ignited Minds. Young people aged 15-25 years come together for workshops on HIV/AIDS, sexuality, life skills and peer support skills, and are trained to conduct outreach programmes in slums, schools and colleges using innovative and participatory methods. Thoughtshop also offers telephone and face-to-face counselling for children and young people who need support.

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- Develop suitable approaches and materials for out-of-school youth and children with low levels of literacy.

Thoughtshop worked with the Child in Need Institute to develop participatory methods, including stories, games and models, to discuss sensitive reproductive health and HIV/AIDS issues with non-school going rural and slum-based adolescents.

- Use the media to provide children and young people with accurate information about HIV/AIDS.

In India, Thoughtshop collaborated with a local newspaper to include a regular ASK (AIDS Sex Knowledge) column, answering young people's questions. The newspaper provided free space for the feature, which was published every three weeks and ran for over a year. Thousands of letters were received and answered. Thoughtshop also developed a 12-episode radio series on HIV/AIDS awareness for young people. The programmes had young people participating in a quiz based on a drama about various aspects of HIV/AIDS, along with a call-in facility for listeners to ask questions. Two years later, young people are still calling in with queries.

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CARE AND PSYCHOSOCIAL SUPPORT

INTRODUCTION

Children's psychosocial and emotional needs are as important, if not more important, than their physical needs. While many programmes focus on providing material support, relatively few consider the psychological and emotional effects on children of caring for a sick parent or living in a household affected by HIV/AIDS or losing one or both parents. Programmes for affected and infected children should pay as much attention to meeting children's needs for love, affection and understanding as they do to meeting their needs for shelter, food and clothing.

Parental illness and death is traumatic and stressful for children. Children are often encouraged to keep their emotions to themselves or find it difficult to express their feelings, and approaches to counselling that are appropriate for children have received little attention. Early intervention, to help them cope and to express their feelings, is essential to prevent longer-term psychological damage. Children who have lost their parents often also lose their home, friends and schooling. Their emotional distress is often worsened by poverty, stigma and discrimination, and increased responsibilities, which prevent them from feeling that they are part of the community. Programmes need to encourage communities to provide children with practical help and to promote social integration of children affected by HIV/AIDS and children with HIV.

- **Trauma** - is an emotional shock, producing long-lasting, harmful effects on the individual.
- **Stress** - is an emotional condition, experienced or felt when an individual has to cope with unsettling, frustrating or harmful situations. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt.

Caregivers also need psychosocial and emotional support, to help them cope with their own grief, fears, stress and worries about the future, and to enable them to give children the best possible care.

This Guide is divided into two sections:

- **Issues** - considers how HIV/AIDS affects the care of children and their psychosocial and emotional wellbeing, and explains why programmes need to pay attention to the psychosocial and emotional needs of children affected by HIV/AIDS.
- **Principles and strategies** - outlines principles of programming to provide care and psychosocial support, and describes possible ways of taking action to address the needs of children affected by HIV/AIDS.

ISSUES

HIV/AIDS affects the care and psychosocial and emotional wellbeing of children with sick parents, children who have lost their parents, and children with HIV. The impact on children includes:

- **Family poverty and stress** – Families affected by HIV/AIDS have to cope with many problems. Many are living in poverty, which causes psychological stress for adults and children. Parents in affected families may be too busy or worried to give children proper care or to talk to them about what is happening to the family. Sometimes HIV/AIDS causes domestic violence or family breakdown. Parents may separate or divorce, or in extreme cases, an HIV-positive woman may be thrown out of the house. Family stress and separation has a serious impact on children's emotional health.
- **Anxiety and worry** – Children worry about whether or not sick parents will die, and what will happen to them, where they will live and who will take care of them afterwards. Sometimes they worry that they are infected with HIV and will die themselves. If adults do not explain to children what is happening or talk to them about who will care for them in future, children may become very anxious.
- **Stigma, discrimination and rejection** – Children with HIV commonly experience stigma and discrimination from neighbours, relatives or other children. Children from affected families may also be stigmatised and discriminated against, because people assume that they too are infected with HIV. Hostility and rejection increase children's psychological stress. They may feel isolated and unable to talk about their problems outside the home, because of the shame associated with HIV/AIDS. Sometimes HIV-positive parents physically distance themselves from their children, because they are afraid of infecting them. This makes children feel unloved and rejected, especially if they do not know that their parents have HIV.
- **Feelings and behaviour** – Children who have lost their parents or siblings may experience feelings of sadness, anger and guilt. Children who are distressed may show aggressive, difficult or disturbed behaviour. If they are punished for their behaviour, this adds to their distress. Older children may feel angry with their parents for dying or with whoever they think has caused their parents to die, or lose their confidence or self-esteem. Younger children may lose their appetite. Sometimes children think that they are to blame when their parents are ill or die, or feel guilty because there were unable to keep their parents alive.
- **Loss of home and identity** – Children may lose their home if their parents divorce or die. Sometimes when the father dies, the mother has to return to her family home, taking the children with her. Children who have lost both parents may move away from their home and community to live with relatives in an unfamiliar environment. They may also be separated

from their siblings. Losing contact with their brothers or sisters and friends in addition to losing their parents is very traumatic for children.

- **Loss of childhood** – Children caring for sick parents or who are living without parents have to take on adult responsibilities, such as earning money, preparing meals, and looking after younger siblings. They do not have the time or energy for normal childhood activities that are important for their psychological and emotional development, like going to school or playing with friends.
- **Lack of adult care and support** – Children caring for sick parents are often left to cope alone without social and emotional support. After their parents die, they are left to cope with younger siblings or elderly grandparents. Orphaned children miss out on parental love, protection, advice and encouragement, and may lack adult support to help them develop social skills or a sense of self. Sometimes children sent to live with relatives are neglected or treated badly. Sometimes relatives refuse to care for children whose parents have died of HIV/AIDS or children with HIV, and these children are abandoned or placed in institutions.
- **Long-term psychological problems** – In some cultures, adults do not discuss illness or death with young children or find it difficult to talk to children about these subjects. They may not be aware of children's psychological and emotional needs or know how to help children grieve. Without appropriate counselling and the chance to mourn their parents or to talk about how they feel, children may experience psychological problems later in life or try to cope in ways that are harmful, such as taking drugs or drinking. However, in many settings, there is a lack of specialised counselling and support services for children.
- **Coping with HIV** – Children with HIV who are frequently ill may feel afraid or worried. They need special help to cope with and come to terms with their illness, to learn to live positively with HIV, to deal with stigma and discrimination, and prepare for the future.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT THE RIGHTS OF CHILDREN

Programmes should centre on the best interests of the child. Addressing children's needs for psychosocial and emotional support is as important as addressing their physical needs for food, shelter and clothes. Children with HIV and children affected by HIV have the same rights to identity, love, leisure and individual development as other children. All children, especially those who are vulnerable, need to feel secure and valued.

The Convention on the Rights of the Child states:

- Children have the right to a name, nationality and sense of identity.
- Children have the right to affection, love and understanding.
- Children have the right to opportunities for play and recreation.
- Children have the right to be a useful member of society and to develop individual abilities.

Strategies for action

- Take a holistic approach and promote collaboration between health, education and social welfare services and organisations providing counselling and support services.
- Raise community awareness about the importance of psychosocial and emotional support for children.
- Promote integration of affected and infected children in the community. Possible actions include:
 - Avoid separating children with HIV from other children in schools or health facilities.
 - Support efforts to tackle stigma and discrimination.
 - Establish children's clubs and play groups for all children in the community.
 - Involve children in community development projects to give them opportunities to interact with adults and other children.
- Encourage parents to register their children's births, so that they have an official name and identity.
- Make sure that children are aware of their rights and promote the active participation of children in decisions about their lives.

Principle 2: PROMOTE EARLY INTERVENTION

Early intervention can prevent adverse effects on children's long-term development. It is important to prepare children for parental death, and to

identify and help children with psychosocial and emotional needs before they develop problems.

Strategies for action

- Help parents to plan for their children's future while they are still well, and to include children in decisions. Possible actions include:
 - Assist parents to make a legally binding will that protects children's inheritance and states who will care for the children.
 - Involve community leaders in encouraging families to discuss the future of children.
 - Document the wishes of parents and children about future care.
 - Ensure that contact information for relatives living away from the community is recorded before parents die.

One NGO in Cambodia monitors children whose parents are sick and encourages the parents to decide who will care for the children after they die. The organisation also provides counselling to help children before and after their parents die and intervenes when necessary to ensure that children are not abandoned. In one case, relatives only wanted to take the youngest of two orphaned children, suggesting that the older child could go to a home. The NGO negotiated with the family, explaining the importance of keeping siblings together.

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- Prepare children and parents for death. Possible actions include:
 - Encourage parents to be open and truthful and to talk about their illness and possible death with children, to help prepare them to cope with grief and loss.
 - Give parents advice about how to talk to their children about difficult issues in a way that they can understand and that is appropriate to the needs of the individual child.
 - Provide counselling services for children in and out of school and for parents.
 - Put together a memory box for children that contains information about the family and things that are relevant to the child's history and background or encouraging parents to write a memory book with their children.
 - Encourage religious leaders to provide spiritual support that is appropriate for children.
 - Give children practical information about what is going to happen to them, where they will live, who will care for them and where they will go to school.

In India, Project CHILD works with children in affected households where parents are very sick, to prepare them to cope with parental death, if the parents have disclosed their HIV status to the children. All children in affected

households are given skills training in first aid, household budgeting, home management, and dealing with crisis situations.

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- Train carers, teachers and health workers to recognise the early signs of developmental, psychological and emotional problems in children.

Principle 3: STRENGTHEN THE CAPACITY OF FAMILIES AND COMMUNITIES

Families and communities are the most important resource for providing children with psychosocial and emotional support. Programmes should focus on strengthening the capacity of families and communities to care for children, rather than targeting affected children directly. Support for families can help to avoid children being abandoned or placed in institutions. It is also important to provide psychosocial and emotional support for carers such as grandparents, to help them cope with their own grief, stress and social isolation and with looking after children with psychological and emotional problems.

Strategies for action

- Educate communities about HIV/AIDS to reduce fear and encourage them to take responsibility for caring for orphans.

In some rural areas of Cambodia, relatives were reluctant to take responsibility for orphans, wanting to send them to orphanages or Buddhist temples. The main reason was lack of understanding about HIV/AIDS and fear that they would become infected with HIV through looking after these children. Volunteer members of the Kien Kes Health Education Network have helped grandparents and other relatives to understand that HIV cannot be transmitted through normal daily contact, and people are now agreeing to take care of orphaned children in the family.

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- Provide families with practical support so that they can continue to take care of their children. Possible actions include:
 - Give practical advice about caring for children with HIV, including preventing HIV transmission, and materials such as latex gloves and soap.
 - Establish daycare centres or nurseries for pre-school children.
 - Organise respite care and intervention during times of family crisis to prevent children being abandoned or left in institutions.

In Thailand, the Orchid Clinic found that most affected parents and parents living with HIV want to keep their children, but sometimes find it hard to cope. The Clinic established a daycare centre, supported by the government, and this has prevented parents from abandoning their children or placing them in

institutions. Day care is less expensive than institutional care and enables children to stay with their families. The centre takes a comprehensive approach, encompassing nutrition, emotional care and child development, and referrals for medical care. It also follows up children after they go on to school, to encourage teachers to be supportive.

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The Indian NGO, Committed Communities Development Trust, runs a crisis intervention centre, which provides short-term residential care and support for HIV-positive women and their children, including promoting mother-child bonding and coping skills, while they look for longer-term alternatives in the community. There is also a drop-in centre where women can obtain psychosocial support.

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- Ensure that carers receive psychological and emotional support. Possible actions include:
 - Facilitate access to family and individual counselling services.
 - Encourage neighbours, relatives and other community members to provide moral support and social contact, for example, through informal visits, sharing meals, invitations to community activities.
 - Establish peer support groups, for example, older people's associations.
 - Train home-based care teams to provide psychological and emotional support during home visits.
 - Involve religious leaders and organisations in providing and mobilising support.
 - Build the capacity of people living with HIV/AIDS groups to help affected families.
 - Train government and NGO staff in counselling skills.

In India, Project CHILD recognised that it was often grandparents who were taking responsibility for looking after children and that they had their own care and support needs. Following consultation with older carers, the Project established a support group to help them share experiences and problems, cope with their responsibilities and take better care of their grandchildren.

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The Vietnam Women's Union in partnership with Help Age International has established clubs for older women who are caring for orphaned grandchildren. These clubs are a forum for mutual support, sharing experience and knowledge about HIV/AIDS and care of the sick, as well a source of loans for income-generation activities. Club members visit each other and other affected families, and educate the community to reduce reduce discrimination.

Economic and Social Commission for Asia and the Pacific. HIV/AIDS prevention, care and support: stories from the community, UN and AusAID

In Cambodia a network of volunteers led by a Buddhist monk carries out home visits to give psychosocial and emotional support to affected families and children. The Sangha Metta project in Thailand trains Buddhist monks and nuns to provide emotional support, comfort and counselling to affected children and families to help them cope with grief after death as well as ongoing problems. Support is provided through home visits and temples, which are used as counselling centres, and through instruction in meditation to reduce emotional distress.

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Temples are a particularly important source of support for older carers, helping to reduce stigma, isolation and emotional stress and promoting peer support and interaction between families.

Wesumperuma D, 2002. HIV/AIDS in Northern Thailand: a saga of resilience in a human calamity. Help Age International

- Help carers to give children psychosocial and emotional support. Possible actions include:
 - Educate carers about stages of childhood development.
 - Offer training in parenting and communication skills.
 - Develop strategies to cope with children who are withdrawn, depressed or aggressive.
 - Help children to deal with stigma, discrimination and rejection.
 - Encourage carers to mark children's birthdays with cards or gifts or a special meal.
- Sensitise communities to children's psychosocial and emotional needs, using culturally appropriate communication channels.
- Encourage communities to provide children with materials and opportunities for play and recreation, and to promote social integration. Possible actions include:
 - Offer training community groups in play therapy.
 - Establish a community "toy bank".
 - Build a play area or children's corner.
 - Organise sports, games and picnics.
 - Involve children in planning and organising community cultural events and festivals.

In Cambodia, a project supported by CARE has organised a structured playgroup for all children in the community, with activities including dance, drama, quizzes, and competitions.

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Also in Cambodia, the Lost Child Project works with street children and children who have been exploited and abused. The project uses play as a starting point, since many children have suffered great trauma and have given up playing. Using creative methods such as drama and stories helps children to express themselves and regain their sense of self.

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- Use existing community structures and traditional methods of providing psychosocial and emotional support to children. Possible actions include:
 - Encourage religious organisations, village elders, traditional healers, community groups, and women's and youth groups to identify and counsel vulnerable children.
 - Sensitise health workers and teachers to the psychosocial and emotional needs of children.
 - Advocate with local government authorities and NGOs to address children's psychosocial and emotional needs in their programmes.

Principle 4: SUPPORT FAMILY AND COMMUNITY MODELS OF CARE

Children develop better socially and emotionally in a caring family environment. They also need to feel part of the community and to have opportunities for social interaction. Approaches to providing care for orphans should be socially and culturally acceptable and appropriate to the needs of children. Institutional care is not in the best interests of children and should be a last resort. Children in institutions do not get opportunities to learn life skills or to prepare for adult life in the community in the way they would in a family environment. The quality of care in some children's homes is poor, and does not provide the love, attachment and individual attention that children need. Children who have been in residential care are often stigmatised and discriminated against at school and in wider society (*International Save the Children Alliance. A last resort: the growing concern about children in residential care*).

A study in Cambodia found that while adults thought that orphanages were a suitable solution for AIDS orphans, children in these orphanages disagreed, saying they would prefer to live in foster families or communities.

KHANA, 2000. Children affected by HIV/AIDS: appraisal of needs and resources in Cambodia

Strategies for action

- Prioritise placing children in a family and community environment, for example, with relatives, informal foster carers, formal foster or adoptive families, or with Buddhist monks acting as guardians.

In Thailand, one strategy used to reduce the number of children living in institutions is to place children with foster families while preparations are made

for them to return to their family or for adoption. Foster families are paid a stipend by government and a social worker visits weekly to monitor the child's care.

Save the Children UK, 2001. Research on available and potential support systems for children infected/affected by HIV/AIDS

The Vieng Ping Children's Home, also in Thailand, only places children in the home as a last resort. Strategies used to prevent institutionalisation include family support, reunifying children with their families, adoption or fostering within the extended family or community, and paying for fostering by non-relatives.

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The organisation Friends in Cambodia works with street children. One of the main objectives is to reintegrate children into schools, families and society. The family reintegration programme provides counselling and support to encourage reconciliation between children and their families.

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In India, the 2001 Juvenile Justice (Care and Protection of Children) Act makes provision for adoption as a way of rehabilitating children who are orphaned, abandoned, neglected and abused. The new Act does away with previous limitations on adoption and makes legal adoption by wider range of persons possible.

Lawyers' Collective HIV/AIDS Unit. Positive Dialogue, issue 9, May 2001

- Ensure that children who live in institutions receive care that addresses their psychosocial and emotional needs and have opportunities to integrate with society. Possible actions include:
 - Select well qualified and trained staff with an understanding of childhood development and a commitment to children.
 - Encourage the community to involve children from institutions in community events and activities

Principle 5: HELP CHILDREN TO HELP THEMSELVES

Programmes should strengthen the capacity of children to develop self-reliance and learn how to care for themselves. This means listening to children and involving them in decisions. Encouraging children to participate in decision making helps them to learn about cooperation, mutual understanding and social responsibility. Strengthening children's coping capacity also means teaching them life skills and providing them with practical as well as psychosocial and emotional support.

Strategies for action

- Provide children with information, counselling and skills, including communication and negotiation skills. Possible actions include:
 - Establish child-friendly information centres and developing appropriate educational materials.
 - Provide referrals to counsellors trained to help children.
 - Organise skills training for children.
 - Identifying adults in the community to act as mentors.
- Promote peer support and counselling. Possible actions include:
 - Involve children in planning peer support activities.
 - Identify older children who can provide support to younger children, and training them in counselling skills, especially bereavement counselling.
 - Provide opportunities for children to develop strategies to deal with stigma and discrimination.
 - Establish support groups for children.

In India, the Committed Communities Development Trust mobilised young people aged 14 years and above living in families affected by HIV/AIDS to establish a self-help group. At group meetings they share feelings and experiences, help each other with care and support for their families, and develop posters and stories to promote community support.

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The community organisation Baan Lao established a peer support group in Thailand for affected children.

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- Use creative ways to help children express themselves and their feelings. Possible actions include:
 - Encourage children to draw their situation or to write poems, stories or letters to deceased parents or absent siblings.
 - Organise role-play and drama to act out situations.
 - Use puppets or models to help children tell their stories.

Project CHILD in India promotes the psychosocial development of vulnerable children through dance with a programme called Dancing Feet.

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In Thailand, AIDSNET helps children to express their feelings, thoughts, fears and hopes through drawings and stories.

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- Provide children with opportunities to get away from their family and caring responsibilities. Possible actions include:

- Establish community nurseries and day care for younger siblings.
- Organise summer camps.

The Thai Youth AIDS Programme organises summer camps for affected and infected children. These camps give children the chance to relax and get away from their responsibilities, learn new skills, develop new friendships and build peer support networks, and express themselves in a supportive environment.

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Project CHILD also organises camps to help children develop the skills to cope with difficult situations.

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SOCIAL INCLUSION

INTRODUCTION

Stigma and discrimination can affect both children with HIV and children without HIV. Children who are not infected may be stigmatised because a parent has HIV or has died from AIDS. Stigma and discrimination are the result of fear and ignorance, and are characterised by rejection, hostility, isolation and violations of rights to health care, education and employment.

- **Stigma** – is an attribute that singles out an individual or a group of individuals as different. They are regarded in a negative and judgmental way because they possess this attribute. People with or affected by HIV are stigmatised because HIV/AIDS is associated with taboo issues such as sex, death and blood and behaviours such as promiscuity, sex work, drug use and homosexuality.
- **Discrimination** – is one of the ways that stigma is shown. It occurs when a person or group of people is treated unfairly or unjustly on the basis of belonging or being perceived to belong to a particular group. Stigmatised people are often discriminated against in laws, policies, and social relations.

Stigma and discrimination increase the impact of HIV/AIDS on children. People who think that orphans also have HIV or that their families have brought shame on the community often discriminate against them, denying them social, economic, emotional and educational support. HIV/AIDS worsens the stigmatisation of children of sex workers or migrants, street children, children in detention and those using drugs. Socially excluded children are more at risk of HIV infection, because they lack information and emotional support, and are vulnerable to sexual exploitation and abuse.

Stigma prevents people from disclosing their HIV status and seeking help from support and care services. Affected children and their carers are often unaware of their rights and of laws to protect them from discrimination. Sometimes they are aware of their rights but are unable to demand better treatment, have no one to advocate for them and no access to legal advice.

This Guide is divided into two sections:

- **Issues** – considers how HIV/AIDS-related stigma and discrimination impacts on children and why programmes supporting children affected by HIV/AIDS need to address stigma and discrimination.
- **Principles and strategies** – outlines the key principles of programming to tackle stigma and discrimination and promote social inclusion of children affected by HIV/AIDS, and describes possible ways of taking action to support children affected by HIV/AIDS.

ISSUES

Children with HIV and children affected by HIV/AIDS may be stigmatised and discriminated against in different places and in different ways. Children may experience:

- **Discrimination at home** – HIV-positive women are often highly stigmatised and their children suffer discrimination as a result. In some places, female children with HIV are more likely to be rejected by relatives. Children living with adoptive or foster parents or with relatives may be treated less well than other children in the household. They may receive less food or attention or may be expected to perform household chores or to work rather than being able to go to school.
- **Discrimination by the community** – Children in households affected by HIV/AIDS suffer when their families are socially ostracised by neighbours and relatives. Often it is assumed that the children of HIV-positive parents must have HIV infection themselves. Children from affected families or with HIV may feel lonely and isolated, because they choose to stay away from other children or because other children will not play with them. Sometimes other parents refuse to allow their children to eat or play with children from families affected by HIV/AIDS. Communities may also discriminate against children because of the behaviour of their parents. For example, the children of sex workers or drug users are often stigmatised and socially excluded.

In one community in Nepal, an eight-year-old boy whose father had died of AIDS faced high levels of community discrimination, including not being able to go to school or play with other children. A 72-year-old man in Thailand described what happened to his HIV-positive granddaughter, both of whose parents had died of AIDS: "At the kindergarten in the village her friends would still play with her, but their parents pulled their children away and told us to stay away. People who used to know and greet us turned their faces away and wouldn't come near us any more".

Help Age International, 2002. Coping mechanisms of poor older men and women affected by HIV/AIDS. International NGO Forum on Ageing, April 6th

- **Discrimination at school** – Children with HIV or who are from affected households may be excluded from school because of the discriminatory attitudes of head teachers and teachers. Sometimes their own parents decide it is not worthwhile sending them to school. Sometimes parents of other children refuse to allow infected or affected children to enrol at school or force them to leave school. Children themselves may decide they cannot face going to school because of rejection or teasing by other children, because teachers treat them differently to other children, or because they cannot afford uniforms or books like other children.
- **Discrimination by health services** – Health workers may discriminate against children with HIV, separating them from other children. They may

provide these children with poor-quality care and treatment, because they are afraid of becoming infected or consider it a waste of resources or because their carers are poor or marginalised. Failure to protect the confidentiality of HIV-positive adults and children contributes to stigma and discrimination. Sometimes the parents of children with HIV may discriminate against them, deciding it is not worthwhile taking them for health care.

The impact of stigma and discrimination on children includes:

- Shorter lifespan for children with HIV because of neglect or lack of health care.
- Psychological and emotional distress, withdrawal and depression, and feelings of fear, shame and rejection.
- Social isolation including separation from the community and exclusion from family gatherings.
- Lack of adult support, understanding and care.
- Loneliness, lack of friends and of opportunities to play.
- Difficult behaviour and limited social skills.
- Poor school attendance and performance, drop-out and loss of educational opportunities.
- Physical neglect resulting in poor health and nutrition.
- Low social value, verbal and physical abuse.
- Risk of engaging in behaviours such as use of drugs and alcohol, violence and crime, prostitution.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT THE RIGHTS OF CHILDREN AND AFFECTED FAMILIES

Tackling stigma and discrimination requires a supportive legal environment, with laws and policies that support the rights of children and make stigma and discrimination illegal. It also requires a supportive community environment where affected families and children are aware of their legal rights and can access legal support.

The Convention on the Rights of the Child states that:

- Children should not suffer discrimination in leisure, sport, recreation or cultural activities because of their HIV status or that of family members.
- Children's rights to informed consent, confidentiality and privacy with regard to their HIV status should be respected.

Strategies for action

- Improve community awareness about the rights of children, for example, to health care and education, and of the community's responsibility to protect children's rights.
- Promote rights-based approaches that include children's participation in decision-making, planning, implementation and advocacy.
- Make sure that health services and NGOs have systems to protect the confidentiality of children and families affected by HIV/AIDS, including at community level.
- Promote awareness of legal rights and access to legal support. Possible actions include:
 - Promote networking between community workers and organisations and lawyers working in human rights issues.
 - Establish links with centres providing legal aid and advice.
 - Conduct community education campaigns to promote awareness of sources of legal support.
 - Ensure that children and their carers are aware of their rights through radio campaigns, drama, songs and educational sessions in schools.
- Sensitise local government officials, health workers, teachers and police to children's rights and issues related to stigma and discrimination.
- Advocate for legal protection against discrimination if existing laws do not provide this.

Principle 2: TREAT ALL CHILDREN EQUALLY

All children should be treated equally regardless of their HIV status or that of family members. In places where many families live in poverty, targeting assistance to children affected by HIV/AIDS can cause resentment and increase stigmatisation by singling these children out.

Strategies for action

- Target support to all poor and vulnerable children and families.
- Ensure non-discriminatory access to education and to health care.
- Avoid testing children from affected families for HIV.

The Orchid Clinic daycare centre, which was originally started for children of people living with HIV/AIDS, has taken a policy decision not to test children for HIV, in order not to discriminate between HIV-positive and other children. The centre now provides care for children from families living in difficult circumstances, not only children from families affected by HIV/AIDS.

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Principle 3: PROMOTE POSITIVE ATTITUDES AND COMMUNITY ACTION

A supportive community environment is essential to tackle stigma and discrimination. This means educating communities, encouraging influential community members to play an effective role and providing them with the necessary training.

Strategies for action

- Educate communities about HIV/AIDS to reduce fear and ignorance, and tackle myths and misconceptions about HIV transmission.

The Cambodian NGO NAPA organises cultural events, such as drama, in the community and in schools, with young children taking the lead, to reduce stigma and discrimination. For example, a drama on International Women's Day focused on the topic "HIV/AIDS is our problem".

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In Thailand, a group of young people started the Puppet Show Youth Group, touring villages to communicate about HIV/AIDS and promote positive attitudes towards people living with HIV/AIDS. The group has subsequently expanded its activities to include plays, exhibitions, broadcasting, sports and competitions to maintain people's interest. An important part of the process is talking to communities to find out what they know and think, and using the activities themselves to bring communities together to solve their problems.

UNDP, 2001. Sang Fan Wan Mai youth group: tiny steps by youth to battle the AIDS crisis. UNDP South East Asia HIV and Development Project

Village rallies along traditional pilgrimage routes have been used in India to promote community awareness and address fears and myths about HIV/AIDS. Children, young people and teachers sing songs, use puppets and hold discussions with communities as they go from village to village on their way to and from the pilgrimage site.

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- Promote community-based care and support programmes, which have been shown to reduce stigma and discrimination.

A Save the Children UK project in Nepal found that using community volunteers resulted in increased acceptance of widows and children who have lost husbands and fathers to HIV/AIDS.

SC UK, 2001. Mobilising marginalised communities in Nepal. Young people and HIV/AIDS: responding to the new Asian crisis

- Encourage community leaders, religious organisations, and village elders to tackle stigma and discrimination, and to advocate for community support for children with HIV and children affected by HIV/AIDS. Possible actions include:
 - Use monks, for whom people in Buddhist societies have high respect, to preach compassion and care for people living with and children affected by HIV/AIDS.
 - Mobilise community leaders to challenge stigmatising and discriminatory attitudes and to set an example to others by showing compassion and care for affected families.
 - Identify community volunteers to advocate for children in schools, health centres and other institutions.
- Train and use people living with HIV/AIDS as community educators. This can help to normalise HIV and reduce fear, stigma and discrimination by showing that anyone can get HIV and that people can live positively with HIV.

The Thai NGO, ACCESS, implemented a project call My Positive Life, to help normalise HIV/AIDS. People living with HIV/AIDS who were willing to be open about their status and to share their experience were involved in organising a photographic exhibition showing their lives and telling their stories. The exhibition is shown in schools and communities, and other awareness-raising activities are conducted during the exhibition. ACCESS is considering expanding the project to include the experience of children affected by HIV/AIDS, but this will require careful handling of issues such as confidentiality and informed consent.

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- Promote integration between children affected by HIV/AIDS and other children. Possible actions include:
 - Involve infected and affected children in community festivals, events and activities.
 - Organise events that bring together affected children with other children, for example, community entertainment using drama and dance, to promote social interaction.
 - Establish community children's clubs.

In Cambodia, Children in Distress runs playgroups that bring together children affected by HIV/AIDS and other children, and uses art and puppets to educate children about stigma and discrimination.

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In India, women's groups organise a fun day with activities for children during the festival of Diwali, bringing children with and without HIV together for games, competitions, entertainment, music and dance.

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- Support interventions in schools, including training for teachers and school principals, to promote tolerance and care for people living with HIV/AIDS and to reduce stigma and discrimination towards children from affected families.
- Discuss the impact of stigma and discrimination on children with health workers and provide training in non-discriminatory approaches to care and treatment.
- Encourage and support local companies to establish workplace programmes to reduce stigma and discrimination.
- Work with the media to spread accurate information about HIV/AIDS and the situation of children affected, to develop positive messages about people living with HIV/AIDS, and to stop reporting that promotes fear and reinforces stigma and discrimination.

Principle 4: STRENGTHEN THE CAPACITY OF CHILDREN AND AFFECTED FAMILIES TO COPE WITH STIGMA AND DISCRIMINATION

Children and families need the skills and resources to challenge stigma and discrimination and to deal with their experience of stigma and discrimination.

Strategies for action

- Provide counselling for children affected by HIV/AIDS, to help them develop strategies for dealing with stigma and discrimination. Possible actions include:
 - Train traditional healers and elders to provide counselling for children.
 - Train carers such as grandparents to provide support to children who experience stigma and discrimination.
 - Integrate counselling into home-based care programmes.
 - Train older children as peer counsellors.
 - Sensitise teachers and health workers and training them in counselling skills.
- Establish self-help groups for children and families affected by HIV/AIDS, to provide mutual support, share experiences and problems, and to lobby for rights and non-discrimination.

Recognising that it is difficult for children and poor and marginalised families to address stigma and discrimination individually, the India NGO Committed Communities Development Trust established a forum for interested NGOs and individuals, including young people and children, to discuss issues affecting people living with HIV/AIDS and affected families and to lobby for their rights.

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- Promote child participation and child-centred approaches, to empower children.

The CHETNA project, Children in Charge, promotes child-centred approaches, which view each child as an individual and help children to develop the skills to make decisions about their lives.

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PROTECTION

INTRODUCTION

The HIV/AIDS epidemic increases the vulnerability of children to neglect, abuse and exploitation. Poverty and family breakdown in families affected by HIV/AIDS can result in children leaving home to seek work. Children who are orphaned or abandoned and children with little education and few skills often end up living on the streets. Children in the poorest families may be sold or trafficked for sexual or labour exploitation. Children of migrants, sex workers and other marginalised groups are particularly vulnerable.

These circumstances increase the chances that such children will in turn be infected with HIV. Without adult care and support, access to information and services, or legal protection, children are vulnerable to sexual exploitation and abuse, involvement in prostitution or crime, and abuse of drugs and alcohol, all of which increase their risk of HIV infection.

Programmes for children affected by HIV/AIDS need to develop strategies to improve child protection, including strengthening the capacity of communities, families and of vulnerable children themselves to prevent and cope with situations where children are at risk.

This Guide is divided into two sections:

- **Issues** – considers how the impact of HIV/AIDS increases the chances of children ending up in risky situations, which in turn increase their vulnerability to HIV infection, and explains why programmes need to protect vulnerable and orphaned children.
- **Principles and strategies** – outlines principles of programming to reduce children's vulnerability, and describes possible ways of taking action to protect children.

ISSUES

Children end up in risky situations because of:

- **Poverty** – Orphans and children from households affected by HIV/AIDS migrate to urban areas seeking work because of family poverty and unemployment in rural areas. Sometimes affected families end up living on the streets because they have lost their home or land.
- **Family breakdown and abuse** – The illness or death of a parent or parents may lead to family break-up. Orphaned children who are mistreated by relatives or foster carers may decide to run away. In many cases, domestic violence or sexual abuse is the main reason for children leaving home. Sometimes children end up living in on the streets after being abandoned by relatives.

The NGO Friends works with street children in Phnom Penh, the capital city of Cambodia. Many children have ended up living on the streets because of family breakdown. For example, one boy aged 16 years has been living on the streets for four years, since his father went to prison for murdering his mother. He started using drugs a year ago, and earns a living through begging. Another boy left home to live on the streets because of domestic violence and also started using drugs because he felt lonely and hopeless.

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- **Forced migration and trafficking** – Many children end up in the sex trade: sometimes families sell their children to brothels, sometimes traffickers trick families and children with false promises of high-paying jobs. Other children are trafficked to work in jobs that are dangerous or where they work long hours for very low pay. The children of poor families affected by HIV/AIDS and orphans in rural areas are most vulnerable to trafficking and abduction.

In Cambodia, it is estimated that 30% of sex workers are under the age of 18. At least half of these children are forced into the sex trade through deception or being sold by their families.

World Vision, 2001. A safe world for children: ending abuse, violence and exploitation

Many girls from poor rural areas of Nepal are trafficked to India to work in the sex industry, while others are lured with promises of jobs as factory or domestic workers. Similar cases occur in other countries. For example, girls in the Philippines are persuaded to leave their villages to work in the city of Manila, where many end up selling sexual services in bars.

Save the Children UK, 1996. Kids for hire: a child's right to protection from commercial sexual exploitation

CNELSEA is also a member of ATN Jethi
has helped repatriate a 13 yrs old
girl back to her parents in Nepal.

- **Parental and community situation** – Children of migrants are vulnerable, especially if their parents are illegal migrants, because they lack access to education and health care and often live in poor conditions. Children of sex workers are at risk of being sexually abused by clients or of ending up in the sex trade. Community violence or gang warfare is often reflected in violence in the home.

Migrant children, especially those from ethnic minorities, living in border areas are particularly vulnerable to trafficking for sex work and child labour.

Save the Children UK, 2001. Small dreams beyond reach: the lives of migrant children and youth along the borders of China, Myanmar and Thailand

These children are vulnerable to HIV because of:

- **Prostitution, sexual abuse and exploitation** – Children with little education and no qualifications have few employment opportunities, but feel obliged to support their families financially or to help their families pay off debts. For girls, selling sexual services may be the only option. Street children are at risk of sexual abuse and exploitation, or may sell sexual services to survive. Sometimes young street girls and boys provide sexual services to older boys in exchange for affection or protection. Street children have high rates of sexually transmitted infections and are at high risk of HIV infection. Children, especially girls working as domestic servants, are also vulnerable to sexual abuse by employers. Poor children who are living with their families are also vulnerable to sexual exploitation by adults, for example “sugar daddies” or “sugar mummies” or sex tourists.
- **Drug abuse and crime** – Children who have lost their parents and are suffering from psychological distress, and street children, may use drugs or alcohol to cope with their situation. Drugs and alcohol reduce children’s ability to refuse unsafe sex or to negotiate in risky situations. Children living on the streets are at risk of getting involved in crime. Children who end up in detention because of drug use or crime are vulnerable to sexual abuse by police, prison officers or other prisoners.
- **Limited access to information and services** – Vulnerable and marginalised children often have limited knowledge about HIV/AIDS, few ways to protect themselves from infection and little access to health information and services. Street children, children of sex workers and other marginalised and vulnerable children often face hostility from health workers. Suitable rehabilitation and support services for street children, children involved in sex work or with drug problems are limited. In many cases, the only option available is institutional care, which children dislike and which is not in their best interests. Children in institutions may be at risk of neglect and abuse by adult carers.
- **Lack of legal protection** – Many children are not aware of their legal rights or of the protection from abuse that the law is supposed to provide. Cases of sexual abuse are rarely reported to the police, because children

are afraid of the consequences or that they will not be believed, especially if the abuser is a family member or employer. Children in the sex trade are often powerless to report or change their situation. They may fear violent reprisals or owe money to the brothel owner. They may feel they cannot leave because they have nowhere to go, and that they cannot go home because of the shame and stigma associated with sex work.

- **Low awareness of the situation of vulnerable children** – In many countries, the criminal justice system is not supportive of children who are abused or exploited, so children remain in situations where they are at risk of HIV. Children who get into trouble with the law may not get legal representation and judicial systems are often inadequate to deal with juvenile crime. The police are not sensitive to the needs of children living on the streets, and may perceive them as a law-and-order problem rather than as vulnerable children who need help.

PRINCIPLES AND STRATEGIES

Principle 1: PROTECT CHILDREN FROM EXPLOITATION AND ABUSE

Children have the right to protection. Programmes need to promote the protection of children and their rights, and the idea that children are socially valuable.

The Convention on the Rights of the Child states that:

- Children should be protected from trafficking, forced prostitution, sexual exploitation, sexual abuse, drugs and harmful traditional practices that put them at risk of HIV/AIDS.

Strategies for action

- Network and collaborate with organisations working to protect children from exploitation and abuse, such as child rights groups, legal centres, child welfare agencies, trades unions, anti-trafficking organisations.
- Sensitise the police and social workers about child protection and the risks faced by vulnerable and marginalised children.
- Train legal workers on child rights, HIV/AIDS and child protection issues such as sexual exploitation and child labour.
- Strengthen the capacity of the judicial system and law enforcement agencies to deal with child sexual abuse and exploitation.
- Advocate for laws, or enforcement of existing laws, to protect children from sexual abuse and exploitation, and labour exploitation. Possible actions include:
 - Sensitise local authorities to the risks faced by vulnerable children.
 - Work with local police to encourage them to enforce existing legislation, to collaborate with communities and NGOs in protecting children from trafficking and to follow up and prosecute cases.
- Promote community awareness of child rights and child protection issues.

Principle 2: PREVENT RISK SITUATIONS

Targeted support to the poorest and most vulnerable communities and families can help address the reasons why children migrate in search of work. Rural families and children in particular need information about the risks of child trafficking.

Strategies for action

- Advocate for government poverty reduction activities to target rural and border communities where children are particularly at risk of trafficking and migration.
- Strengthen community and family economic coping skills and capacity to generate local income.
- Support orphans and vulnerable children, especially girls, to attend school to expand their employment options.
- Provide training for children who are already living on the streets to enable them to develop alternative sources of income generation to prostitution, crime or begging.

In Phnom Penh, Cambodia, the NGO Friends provides vocational training for young women who have come to the city through the Young Migrants project. In some cases, developing new skills enables young women to go home and earn a living there.

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- Informing and sensitising families, communities, teachers and health workers about child trafficking and the associated risks.

In Cambodia, Friends does outreach work in communities to prevent children from ending up on the streets in the first place.

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Also in Cambodia, Save the Children UK and a local NGO called Krousar Thmey have been working to increase awareness among rural populations of the risks of child trafficking and prostitution, using a travelling shadow theatre and poster campaigns, and encouraging communities to protect children.

Save the Children UK, 1996. Kids for hire: a child's right to protection from commercial sexual exploitation

In Nepal, the NGO Maiti Nepal, has worked with girl returnees, lawyers and the police to raise awareness in rural communities of the risks to young girls trafficked across the border to India. The NGO spreads messages using traditional Nepali tunes and also provides training for alternative income-generating activities. Community committees have been formed to publicise, control and report on trafficking. The project has led to increased vigilance and assertiveness by families and better police cooperation.

Save the Children UK, 1996. Kids for hire: a child's right to protection from commercial sexual exploitation

The experience of IDA in Cambodia illustrates how sensitising communities, networking and using legal mechanisms can help to protect children from trafficking. In one case, a girl from a family affected by HIV living in a poor area of Phnom Penh was deceived into leaving home by a trafficker. Her parents reported what had happened to the IDA home-based care team, and IDA staff accompanied them to the commune office to file a complaint against the trafficker. The staff also reported the case to a human rights organisation. Through these efforts the girl was returned to her family and action was taken against the trafficker.

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Principle 3: PROMOTE COMMUNITY ACTION TO PROTECT CHILDREN

Families and communities are key resources in fighting abuse and exploitation of children. Programmes need to build the capacity of families and communities to protect children who are at risk and to support children who have experienced neglect, abuse or exploitation.

Strategies for action

- Increase community awareness. Possible actions include:
 - Promote open discussion of the problem of child abuse and exploitation.
 - Work with women's groups, youth groups and children to publicise the impact of community and domestic violence on children.
 - Promote gender awareness and efforts to tackle the low status of girls and women.

World Vision in Cambodia integrates training and awareness-raising on the situation of girls and women and gender violence into all community development programmes.

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- Encourage community actions to protect children. Possible actions include:
 - Work with community groups, health and education systems, civil society and religious organisations to protect children from abuse and exploitation.
 - Work with local police to monitor the trafficking situation and develop strategies to deal with traffickers.
 - Train community committees on child rights and child protection.
 - Establish community child protection groups to monitor and protect children at risk.

- Provide practical support for children at risk and victims of neglect, abuse and exploitation. Possible actions include:
 - Set up free telephone helplines for children to report abuse or request advice.
 - Establish places of safety or "safe spaces" for children and community safety nets for abused children.
 - Identify and training community counsellors or trusted adults to whom children can talk about their situation.
 - Organise temporary accommodation for abandoned children and children from abusive homes.
 - Encourage community members to help neglected and vulnerable children in partnership with home-based care teams.

In India, the Child in Need Institute, together with local youth club, runs a drop-in centre for children of sex workers in Kolkata. The centre offers protection, recreation and educational opportunities. Also in India, the Committed Communities Development Trust runs project Ankur, a daycare centre for 3-8-year-old children of sex workers. The centre provides non-formal education to prepare children to enter mainstream schools, vocational guidance and skill training, education about rights and issues such as hygiene, health care, and helps children to develop the skills to protect themselves from abuse. CCDT also runs a night shelter for girls aged six-14 years.

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In Cambodia, the NGO Hagar runs a programme where street children, orphans and children from abusive homes are cared for by foster families. Similarly, World Vision runs the Bamboo Shoot informal drop-in centre, which offers short-term accommodation.

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Also in Cambodia, IDA encourages the community to help vulnerable children as well as providing support through the organisation's home-based care team. In one case, an HIV-infected widow left with a large debt to pay off had no choice but to go to work leaving her two children aged two and three years alone at home often with no food. A neighbouring family reported the situation to the home-based care team and also helped to look after these children.

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- Promote community approaches to rehabilitation of children who have been exploited or abused.

Friends tries to reintegrate street children with their families, negotiating with the family and addressing the reasons why children left home in the first place.

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sexual abuse, and is performed for other street children and also for children in villages, to increase awareness of the risks faced by children on the streets. Friends also conducts awareness-raising among street children, especially boys, about vulnerability to drug abuse. Outreach is used to identify children who are newly arrived on the streets and to make them aware of the risks of sexual exploitation, including HIV infection.

Poverty meets the cheat, 2002. Mith Samlanh/Friends and member of Asia Guides development group

- Involve children themselves in developing policies and programmes to protect children and guarantee their rights, and in developing strategies to reduce their vulnerability to sexual abuse and exploitation.

In Sri Lanka, an NGO worked with children to develop activities to reduce their vulnerability to sexual abuse and exploitation by families, employers and tourists. They used street theatre to raise community awareness of the risks they face, including developing a play to highlight the role of alcohol in sexual abuse by fathers. Working together allowed these children to have a voice and to influence community attitudes. Support was provided to establish children's clubs, offering a safe place for discussing their problems and experiences. Realising that others share the same difficulties helped the children to feel less isolated.

- Help children to give each other peer support. Possible actions include:
 - Establish support groups, clubs and drop-in centres where children can meet.
 - Train children in counselling skills.
- Support children's access to general health services as well as to sexual health services providing counselling, condoms, diagnosis and treatment of sexually transmitted diseases. Possible actions include:
 - Train and sensitise health workers to provide child-friendly and youth-friendly health services.
 - Run mobile and outreach clinics.
 - Encourage health centres to offer special sessions for street and working children, with opening hours that are convenient for the children.
- Provide comprehensive services that reduce children's vulnerability and address their priorities.

Friends has developed a range of activities in response to needs expressed by street children. It provides children with a safe place to stay, runs a drop-in centre that provides counselling and health services, helps children to stop using drugs, and offers training to develop skills, for example in motorcycle repair.

World Vision runs a centre in Cambodia for girls who have been sexually exploited. Where appropriate, they reunite the girls with their families. Where this is not feasible or desirable, the girls are supported to live in small group homes or independently in the community. A key part of the rehabilitation process is restoring the girls' self-esteem, using creative activities, as well as developing literacy and vocational skills.

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Principle 4: STRENGTHEN CHILDREN'S CAPACITY TO PROTECT THEMSELVES

Provide children with the protective mechanisms and support they need to protect themselves within their own environment. It may not always be feasible or in the best interests of the child to remove them from their environment. Ensure children are involved in decision-making about their lives and design interventions with children's participation and according to their situation. For example, different strategies are needed to address the different situations of street children. Some street children are living on the streets with their families, some without families, and some spend time on the streets but go home.

Strategies for action

- Increase children's awareness of their rights. Possible actions include:
 - Establish children's rights networks or links with existing children's rights organisations.
 - Use formal and non-formal education to increase children's knowledge of their rights, and participatory approaches to develop materials about children's rights.
 - Make sure that children know where to obtain legal support and where they can go for help in cases of abuse and exploitation.
- Provide children with information and skills. Possible actions include:
 - Educate children in rural areas and migrant communities about the risks of trafficking.
 - Encourage schools to teach life skills.
 - Pay particular attention to activities to empower girls.
 - Conduct outreach and peer education with children who are not in school.
 - Teach children self-defence techniques.
 - Discuss the risks of sexual abuse with children and what to do if they are abused, as well as how to deal with potentially exploitative situations.

In Cambodia, though the Lost Child Project, Friends has developed a play called "Poverty meets the cheat" with a group of 60 children who are living on the streets. The play is about their situation and vulnerability to exploitation and

sexual abuse, and is performed for other street children and also for children in villages, to increase awareness of the risks faced by children on the streets. Friends also conducts awareness-raising among street children, especially boys, about vulnerability to drug abuse. Outreach is used to identify children who are newly arrived on the streets and to make them aware of the risks of sexual exploitation, including HIV infection.

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In India, a YWCA project aims to reduce the vulnerability to HIV/AIDS of girls aged 10-19 years who are working and living in the slums of Delhi. These girls have low literacy and many of those involved in activities such as rag-picking are migrants from Bangladesh. They are vulnerable to sexual abuse and exploitation, and have little family support to protect them from abusive situations. The project empowers these girls through literacy, life skills and livelihood skills education, and reduces their risk of sexual and other exploitation through awareness-raising and counselling. Life skills education is conducted in small groups, using methods such as games, videos, discussion, role play, songs, stories and picture books; group work also helps to promote peer education and support. In addition, the project provides one-to-one counselling, operates Safe Space Centres in the community, and offers health care and recreational activities. YWCA is also sensitising parents and the wider community, training community health workers, organising foster care, and providing family counselling.

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