

TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

Responding to children affected by HIV and AIDS

Using external support to strengthen community
initiative and motivation



Most households caring for orphans and vulnerable children, including child-headed households, do not get any support. Community- and faith-based organisations are in the front line of caring for these vulnerable households.’¹



‘We will work with governments and faith-based organisations, in particular, to strengthen the ability of communities to respond to and support families affected by AIDS to protect and care for their children.’²

Executive summary

Tearfund is deeply concerned that substantive international action on HIV and AIDS is not translating into effective responses for those worst affected by the epidemic, particularly children. Instead, it is community-based organisations and community initiatives which are most successful in reaching out to these children, often without being resourced by external sources.

A **key need** is support for local communities as they identify, implement and articulate responses to problems within their own environment. DFID and other donors must ensure that, through support given to national governments and civil society groups, appropriate information, support and finance is made available on a long-term basis to those working effectively at the local community level; this will require improved mechanisms for channelling resources.

Tearfund believes that civil society groups can play a vital role in ensuring that appropriate support reaches local community initiatives. In Africa, and increasingly in Asia, these groups are likely to include churches and other faith-based organisations (FBOs). Therefore, the role of non-governmental, community- and faith-based organisations in effective service delivery at a local level must be acknowledged and supported as part of the response to the AIDS epidemic. This should be as part of a balanced approach bringing support to both government and civil society.

In implementing the UK government’s new strategy to tackle HIV and AIDS in the developing world, DFID should respond to orphans and vulnerable children (OVCs) by:

- focusing resources and support to strengthen community initiative and motivation
- providing appropriate support to civil society organisations, including community- and faith-based organisations
- providing appropriate support to national governments
- providing appropriate support to major funding mechanisms and multilateral agencies.

Introduction

Tearfund and its Southern-based partners welcome the UK government's new strategy to tackle HIV and AIDS in the developing world. They are particularly encouraged by the recognition of the need for specific responses to children affected by the epidemic and the commitment of at least £150 million over three years to this work. This briefing paper highlights key priority areas for DFID and others to address in implementing responses to children. This is part of Tearfund and partners' ongoing dialogue with DFID on implementing the new strategy through, for example, the Orphans and Vulnerable Children (OVC) Working Group of the UK Consortium on AIDS and International Development. Tearfund and partners are keen to continue to work in partnership with DFID, both in the UK and through offices abroad.

Tearfund's comments are based upon its extensive experience of supporting responses to HIV and AIDS by partner organisations in Africa and elsewhere. Some of these responses began almost 20 years ago. Tearfund has a distinctive role to play through its direct contact with Christian grassroots organisations: it currently works with more than 450 partner organisations in about 70 countries, including national church bodies at the forefront of mobilising church responses. Tearfund partners in many countries across Africa and Asia have taken a lead among civil society groups in tackling HIV and AIDS, through prevention education, home-based care, and by working to lessen the impact of the epidemic on children and their communities; a great number of these projects supported by Tearfund involve work with vulnerable children. Most prevention programmes see children as one of their main target groups and are keen to equip this generation with understanding and skills to protect themselves and their families. Many care and support programmes for people living with HIV and AIDS also focus efforts on supporting children in households affected by the epidemic. Tearfund's highest priority is enabling its partners to respond effectively.

The challenge

to bring about effective responses to children

The scale of the HIV and AIDS epidemic is alarming. More than 20 million people have died from the disease and the latest estimates suggest that 38 million people are currently living with the virus. Africa in particular is experiencing an unprecedented crisis. One of the terrible results of the epidemic is its impact on children: they are among the worst affected and yet, in the fight to tackle HIV and AIDS, they remain the most marginalised.

Children must be at the centre of any HIV and AIDS response. By 2010, the number of children orphaned by AIDS will probably exceed 25 million; most of them will be living in Africa. There are also almost 3 million children who are living with HIV: millions more are living and suffering in AIDS-affected families.

Orphans and children made vulnerable by HIV and AIDS (OVCs) are denied the basic rights to which all children are entitled. Their access to education and healthcare is severely curtailed; education and health systems are weakened as HIV-positive teachers, nurses and other staff are unable to work. And not only do these children suffer the trauma of losing a parent, they are often forced to assume immense responsibilities within the household. In

addition, there is less food for the children of families who take in orphans and generally poverty is deepening due to economic slowdown. These children are also highly vulnerable to abuse and exploitation, which in turn increases their risk of HIV infection.

The impact of HIV and AIDS over the next decade will be devastating on all aspects of development in many countries, especially in Africa. HIV/AIDS and poverty are inextricably linked. Poverty makes poor people more vulnerable to HIV infection: HIV and AIDS exacerbate poverty.

The unprecedented crisis among children affected by HIV and AIDS requires urgent attention. National and community responses must be radically scaled up for the foreseeable future. Yet, responding to these children is clearly not yet a priority: all too often they are ignored by governments and donors. This is fundamentally short-sighted. Children are central to the HIV and AIDS debate, not only because of the sheer number affected but also because longer-term goals, such as the Millennium Development Goals, require long-term economic and human resource development. If countries are to meet these goals, the current generation of children must have access to care, nurturing and basic services; protection of their rights; and the chance to reach their full intellectual, physical and emotional potential. For this to happen, children cannot be targeted in isolation but must be seen in their context: it is essential that support is also given to their caregivers, teachers, community leaders and peers, all of whom play key roles in children's lives.

Most countries have signed up to the UN Declaration of Commitment on HIV/AIDS (2001) which clearly states national and international obligations to OVCs and their carers (Articles 65-68). Yet, progress in planning and implementing such strategies has been painfully slow. More than 40 per cent of countries with generalised HIV epidemics do not

Specific responses to orphans and vulnerable children: the Framework

'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS' is an internationally agreed framework which outlines the policy and programme responses needed for meeting the established global goals regarding OVCs. The Framework was produced by the Global Partners Forum which included governmental agencies, faith-based and non-governmental organisations, academic institutions, the private sector and civil society. It has been endorsed by many bodies including DFID, USAID, UNICEF, UNAIDS and the Global Fund, as well as by Tearfund and its partners.

The Framework outlines five key strategies to respond to orphans and vulnerable children:³

- strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- mobilise and support community-based responses.
- ensure access for orphans and vulnerable children to essential services, including education, healthcare, birth registration etc.
- ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
- raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV and AIDS.

yet have a national OVC policy or strategy. Countries need to be supported to develop and implement such policies and plans, so their responses can be monitored over the long term. The UK and all other governments must report on their progress on UN General Assembly commitments in 2005.

Focusing resources and support to strengthen community initiative and motivation

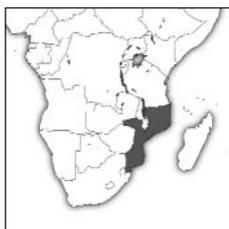
In DFID's submission to the UK Parliament International Development Select Committee enquiry on children affected by HIV and AIDS⁴ it highlighted the most significant challenges for national OVC responses. These included: 'strengthening the capacity of family and community structures to absorb and care for the rising number of OVCs', and significantly 'scaling up and sustaining support for communities' responses, ensuring resources reach the grassroots'.

In seeking to ensure that resources are focused on orphans and vulnerable children and that these reach the grassroots, DFID should acknowledge the programming guidance provided by the most recent *Children on the Brink* report:⁵

- Focus on the most vulnerable children and communities, not only children orphaned by AIDS.
- Define community-specific problems and vulnerabilities at the outset and pursue locally determined intervention strategies.
- Involve children and young people as active participants in the response.
- Give particular attention to the roles of children, men and women, and address gender discrimination.
- Strengthen partnerships and mobilise collaborative action.
- Link HIV and AIDS prevention activities, and care and support activities for people living with HIV and AIDS, with support for vulnerable children.
- Use external support to strengthen community initiative and motivation.

In summary:

- The Framework recognises the vital role that community initiatives have in current responses to OVCs. Community groups are at the front line and have demonstrated enormous capacity to care for and support vulnerable children.
- The burgeoning number of FBO responses to OVCs indicates that there is huge capacity within communities that are already responding to HIV and AIDS. If they were strengthened, these could make a significant and sustainable contribution.
- The Framework makes it clear that a long-term commitment of support to local community initiatives is needed. Donor funding mechanisms should seek to enable community-based organisations to access funding and support rapidly. There are increased resources available yet the amount reaching affected communities appears to be shamefully low. There is too often an enormous gap between donor intent and community experience.



Kubatsirana, Mozambique

Mozambique is slowly emerging from the shadow of 18 years of civil war. The war has left the country's health and education services in a very poor state. Latest figures⁵ estimate that 1.3 million people in Mozambique are living with HIV and AIDS. There are currently an estimated 1.5 million orphans; this figure is predicted to rise to 1.9 million by 2010. Many child-headed households have emerged in urban areas whereas, in rural areas, members of the extended family generally care for orphans and vulnerable children.

The name Kubatsirana means 'to help one another' in Chitewe/Shona and it encapsulates the mission of this indigenous Christian organisation that has been involved with local communities in the response to HIV and AIDS since 1995. Now an association of 58 member churches, Kubatsirana worked with no external funding for two years until Tearfund became its first donor. It is now seen as a prominent player in the response to HIV and AIDS in Mozambique. Within Mozambique, community-based organisations are generally seen to have only limited capacity to establish and manage HIV and AIDS programmes. Kubatsirana is closely involved in awareness-raising and in building the capacity of the local church to mobilise and support volunteers who will transform their communities. The programme builds on existing community motivation and initiatives.

Volunteers from churches are involved in providing care and support to people living with HIV and AIDS and their families in communities. There are now more than 200 volunteers from 20 churches in Chimoio, Manica province, where the HIV prevalence rate is currently estimated to be 19 per cent. The same volunteers, divided into small groups, provide care and support for orphans and vulnerable children and try to ensure that these children continue to attend school or are enrolled in a vocational training programme or an income-generating programme. In Chimoio there are now 24 such small groups providing care, including home visits, for more than 500 people too sick to work and for more than 750 children orphaned by HIV/AIDS.

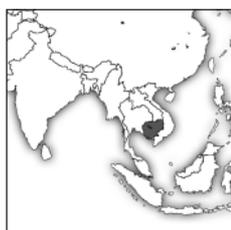
Kubatsirana aims to help communities mobilise their own resources and generate their own funds to develop micro-projects which will in turn help orphans and vulnerable children become self-sufficient. Mutual support groups formed by people living with HIV and AIDS have been encouraged. These groups educate, lobby for human rights and run micro-projects such as growing vegetable gardens, embroidery and bead-making. Four local churches are running day care centres for orphans, enrolling the children in pre-school and formal education or in professional training such as carpentry, shoe repair and dressmaking.

Kubatsirana is also involved in raising the awareness of religious and community leaders about HIV and AIDS. Kubatsirana has been able to mobilise a wide range of churches in its work – including Catholic, Pentecostal and Evangelical churches. The involvement of people living with HIV and AIDS in prevention education and counselling is seen as key. By having people living with HIV and AIDS acting as grassroots facilitators within their own communities, it has reduced stigma and prompted pastors to give positive messages in their preaching around the subject of HIV and AIDS. Pastors have become advocates for acceptance, which has meant that people have felt free to acknowledge they are ill and have been accepted within congregations. Kubatsirana also trains future youth leaders and establishes clubs for young people to raise awareness with their peers. It also coordinates with other organisations focusing on responses to HIV and AIDS in Chimoio and more widely in Mozambique.

The national government has invited Kubatsirana to expand its work across every province in the country. The national AIDS council is supportive of Kubatsirana as it recognises that churches are a channel for getting help right to where it is needed at grassroots level. Churches are also located in more remote areas beyond the reach of normal government initiatives.

- External financial and material support should be provided to affected countries and channelled to communities to build on local capacities and structures. External agencies must focus on strengthening and supporting the ongoing efforts of communities themselves. There is an urgent need to increase the ability of civil society to access resources by increasing their ability to negotiate bureaucracy and by stripping away bureaucratic hurdles.

DFID must therefore ensure that, through its support to national governments and civil society groups, appropriate information, support and finance is made available on a long-term basis to those working effectively at the local community level; this will require improved mechanisms for channelling resources.



TASK, Cambodia

After three decades of war and social breakdown, Cambodia has few resources to rebuild its infrastructure and overcome serious social problems such as poverty, violence and disease. More than 170,000 people (2.7 per cent of the population) are now estimated to be living with HIV and AIDS. Current estimates suggest there are 670,000 children orphaned by the disease; this figure is predicted to rise to 690,000 by 2010. Traditionally, most of these children have been cared for within the community where they lived with their parents. These caregivers rarely receive any outside support and often struggle to provide children with even basic necessities.

TASK, an indigenous Cambodian Christian organisation, is tackling HIV and AIDS with an integrated response. It works in one of the poorest and most densely populated areas of Phnom Penh – Mean Chey district which has a population of approximately 160,000.

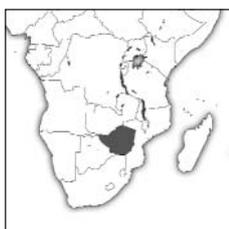
TASK has a peer-to-peer education programme for young people who share information, understanding and support with others their own age. It also has a home-care programme that trains families and community workers to support more than 500 people living with HIV and AIDS. And it works with more than 600 orphans and vulnerable children, providing counselling and care within the extended family or surrounding community, and ensuring that these children are kept off the street and out of orphanages. All children are helped to attend school or receive vocational training. TASK works hard to ensure that their rights are respected and they gain their rightful inheritance of land or property.

TASK targets the very poor, with the aim of developing and building on the existing resources within communities. It takes into account the needs of families affected by HIV and AIDS as well as the needs of those who have taken responsibility for AIDS orphans. The aim is to keep the children in their own communities, as close to their original family environment as possible. The programme makes a priority of facilitating community participation in the process of finding solutions to meet orphans' needs, involving neighbours, relatives and the community as a whole. This ensures that the community is truly engaged with protecting the welfare of orphans for the long term.

Members of local churches provide most of the home-care workers and more than 50 youth volunteers act as 'good big brothers or sisters' to orphans and vulnerable children. These youth mentors serve as advisors, companions and role models to children, and help provide for their emotional needs as well as offering occasional practical help.

Providing appropriate support to civil society including community- and faith-based organisations

- Civil society groups, particularly Christian and other faith-based organisations, are critical in responding to HIV and AIDS directly, and through support to community-level initiatives. However, they struggle to access sufficient support, information and funding and often do not receive support from either national AIDS programmes or from other external sources. So, paradoxically, those that have the most cost-effective responses receive no funding. However, social development responses at the local community level do require external resources – particularly if they are to tackle rapidly increasing numbers of OVCs in extremely poor communities.
- DFID and other donors need to build on their existing understanding of the opportunities and limitations for community- and faith-based organisations, and learn



A Tearfund-supported organisation in Zimbabwe

Zimbabwe has one of the highest HIV prevalence rates in the world, which currently stands at 35 per cent of the adult population. There are currently estimated to be 1.3 million children orphaned by AIDS (out of a total population of around 12 million people).

This small Christian organisation, established in 1993, is committed to the total well-being of orphans and vulnerable children by mobilising local churches throughout Zimbabwe. This is an umbrella-body organisation to support community initiatives. Zimbabwe is a country with many Christian churches – and many orphans and vulnerable children; the organisation seeks to link the two within local communities. Community-based studies in southern Africa have identified local faith-based organisations as one of the few sources of support for poor people outside the extended family. The organisation aims to envision and empower churches in Zimbabwe to care for destitute families caring for orphans and vulnerable children and help them work towards self-sustainability. It hopes to see orphan care become a part of the work of every church in Zimbabwe. By the end of 2003, it had trained 2969 volunteers through 347 churches; these churches are now supporting more than 150,000 orphans in community-based care.

It seeks to mobilise churches to care for orphans and vulnerable children in their communities through visiting orphans and their carers in their own homes. It also involves existing community leaders and structures. Within Zimbabwe, the church is key to responses to HIV and AIDS with its infrastructure, relationships and volunteers. The organisation brings together local church leaders to discuss issues facing orphans and vulnerable children within the churches and the local community. Churches mobilise volunteers and the organisation provides them with training so providing ownership for the community-based responses of churches to orphans and vulnerable children. The organisation helps churches become involved in sustainable responses using their own resources.

The first area mobilised was in Chimanimani in the southeast, the second area was in Hwange, Victoria Falls and Binga in the northwest and the organisation now works across the whole of Zimbabwe.

Communities are already concerned about orphans and vulnerable children and are responding in their own way. Most communities are willing to do more, but lack the financial resources needed. All it takes is a little technical assistance and training to motivate communities to do more.

more about them. This will help them appreciate what the most appropriate roles and processes for engagement with them might be.

- Increasing resources for HIV and AIDS programmes will have no effect if the problem of disbursing funds from the national to community level is not tackled. This is one of the major constraints on community-based responses. Disbursement mechanisms must be more effective.
- DFID should commission further study on the contribution made by faith-based organisations to the delivery of care and support for OVCs, to better understand the contribution they make and how they can best be supported.
- National or provincial level intermediary bodies (sometimes referred to as ‘foundations’) may provide a crucial means for providing support to community-based organisations through funding, organisational development and advocacy. DFID should explore how such intermediary bodies could be effective channels of large-scale funding to community responses while also providing the necessary accountability and reporting for donors. This may include the capacity development of intermediary bodies through DFID funding for civil society groups.
- Civil society groups may also give a voice to poor people. DFID must ensure that technical support is provided to national governments so they can work more closely with civil society. This should complement technical support for civil society groups to enable them to work better with national governments and donors.

Providing appropriate support to national governments

The Framework highlights that the five key strategies must be pursued within the context of national development plans. So the Framework should serve as the model for governments, donors and all other actors to work together in a creative coordinated way to meet the needs of OVCs.

In this context, DFID should:

- build on existing learning from its own programmes supporting government responses to OVCs in Malawi, Zimbabwe, Uganda and South Africa.
- make OVC issues central to its national-level response to HIV and AIDS. So, Country Assistance Plans should be revised to include specific statements regarding OVCs.
- advocate, and provide financial and technical support for, the completion of OVC strategies with time-bound action plans, in all countries with generalised epidemics.
- assist in formulating Poverty Reduction Strategy Papers (PRSPs) so that OVCs may benefit from resources provided through this approach.
- provide financial and technical support to national government bodies responsible for responses to OVCs to enable the full implementation of national strategies.
- endeavour to ensure that the second generation of PRSPs make explicit mention of OVCs and HIV and AIDS, and provide support for ministries responsible for OVCs which are usually marginalised and under-resourced.

Providing appropriate support to major funding mechanisms and multilateral agencies

- Tearfund looks to the UK government to provide political leadership and act as a champion for the Framework with other international donors during its forthcoming G8 and EU presidencies.
- DFID must advocate to donor mechanisms such as the World Bank MAP, the Global Fund and the EC Programme of Action, to ensure that they all increasingly prioritise responses to OVCs. Responses must build the capacity of national responses and ensure that support reaches children and other vulnerable groups at the grassroots level. DFID should put resources into monitoring and evaluation of the Global Fund and the World Bank MAP to ensure that resources from these are focused on responding to OVCs.

Conclusion

Given the burgeoning and long-term crisis of children affected by HIV and AIDS, it is vitally important that DFID's resources for responses to these children have the greatest possible impact. Community-based organisations and community initiatives are responding to children affected by HIV and AIDS, often without being resourced by external sources. A key need is support for local communities as they identify, implement and articulate responses to problems within their own environment. Appropriate information, support and finance need to be made available on a long-term basis to those working effectively at the local community level; this will require improved mechanisms for channelling resources. Civil society organisations can play a vital role in ensuring that appropriate support reaches local community initiatives. In Africa, and increasingly in Asia, this is likely to include churches and other faith-based organisations. Tearfund looks to DFID to acknowledge these issues so that it may implement the new AIDS strategy in a way which benefits OVCs.

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- 1 DFID (2004) *Taking Action: The UK's strategy for tackling HIV and AIDS in the developing world*, p49, July 2004.
 - 2 *ibid.*
 - 3 UNICEF (2004) *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS*, July 2004.
 - 4 DFID (2004) *Memorandum for the International Development Select Committee: Orphans and children made vulnerable by HIV and AIDS*, May 2004.
 - 5 UNICEF, UNAIDS and USAID (2004) *Children on the Brink 2004: A Joint Report of new Orphan Estimates and a Framework for Action*, July 2004.

Tearfund HIV/AIDS Briefing Paper 3
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Tearfund briefing papers provide a summary of our latest
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Tearfund is an evangelical Christian relief and development
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communities in need around the world.



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