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Middle School MUN

BACKGROUND GUIDE: Protection Of Orphans & Vulnerable Children

READ TO DISCOVER:

1. Who are orphans and vulnerable children (OVCs)?
2. What are the main obstacles that prevent OVCs from pursuing a higher quality of life?
3. What has the international community achieved regarding the protection of OVCs?

DESCRIPTION OF THE COMMITTEE

The United Nation’s Children Fund was created by the United Nations General Assembly on December 11, 1946. Its original function and mandate was to provide emergency relief through food and healthcare to children in countries that had been devastated by World War II. UNICEF has evolved into a complex organization that is dedicated to providing long-term humanitarian and developmental assistance to children and families in lesser-developed countries.

UNICEF was to promote social and economic development of United Nations member-states and works with member states to maximize collaboration efforts to overcome international development challenges.
STATEMENT OF THE PROBLEM

Around the world, hundreds of thousands of lives have been devastated by the **HIV/AIDS pandemic**. When disease strikes, children become one of the most vulnerable groups. Particularly in Africa, children have increasingly become the heads of the household because their parents have either contracted or passed away from HIV/AIDS. Robbed of their childhood, children are forced to take on responsibilities that demand a level of maturity they have yet to develop. They are not presented with the same opportunities that are afforded to most children with some opportunities being as basic as the opportunity to play or to be protected. Instead, they are obligated to assume the role of the primary-care provider for their sick parents and younger siblings.

According to the world Health Organization, currently 33.4 million people live with HIV/AIDS worldwide. In 2008 alone, there were an additional 2.7 million people infected with the virus – the number of the newly infected continues to grow at a rapid rate. Approximately 64 percent of the world’s AIDS population lives in sub-Saharan Africa. More women than men are infected. Despite **antiretroviral drugs**—drugs that target the HIV virus and slow the progression of HIV into AIDS—AIDS remains a fatal disease. As a result, it is estimated that 13.4 million children have been orphaned by HIV/AIDS and millions more live in households where at least one parent has the disease.

Children affected by the AIDS epidemic are victims of social and economic forces they can not control and have no hope of improving their situations. OVCs are often forced to act as the head of the household. This role often pressures them to provide for their family instead of attending school or participating in other activities.
Although traditionally the extended family would take the orphaned children, this has not always the case anymore. The AIDS epidemic has seriously crippled the extended family’s support system, and often times family members that might have cared for them are too old (grandparents) or sick themselves. Therefore, children then have no other alternatives to seek assistance. Often times, OVCs are ostracized in their communities, purposely excluded and isolated due to the stigma that has been placed on them because of the death of their parents. There are also few that are taken into orphanages. However, orphanages are under-staffed, lack needed resources, and face overcrowding and basic sanitation issues.

BACKGROUND

HIV/AIDS: A Devastating Disease

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS, a disease that attacks T-cells. AIDS is the final stage of HIV. HIV is not transmitted through everyday contact such as shaking hands or hugging. The virus is spread through contact with bodily fluids such as blood. Typically it is transmitted through sexual intercourse, sharing needles or syringes, or from mother to child.

Often, during the early stages of the disease, there are no symptoms. It is not until the disease progresses that symptoms begin to appear. There is no cure for HIV/AIDS. However, antiretroviral drugs can be used to slow the progress of the disease. Typically antiretroviral drugs are expensive, in limited supply, and need to be monitored closely. As a result, many areas of the world do not have access to affordable antiretroviral drugs. Because the disease weakens the immune system, a person with HIV is more susceptible to other infections as well. Frequently, more common drugs can be used to treat these opportunistic infections and prolong the life of the person with HIV.

Who is an OVC?

The majority of children orphaned by AIDS live in developing countries with 82 percent of them living in sub-Saharan Africa. However, as the infection continues to spread, the number of OVCs because of AIDS in Asia, Latin America, and elsewhere increases. OVCs need proper care, food, education, and treatment that can prevent the spread of other diseases.
Typically, the death of one parent at a young age is not linked with the death of the other parent. In other words, if a child loses a parent to cancer, it is unlikely that his or her other parent will die of cancer at around the same time. As a result, one event usually does not leave a child orphaned. However, because HIV/AIDS is a sexually transmitted disease (STDs), there is a high likelihood that both parents will become infected. With a disease like cancer, one parent may be unable to work, but with HIV/AIDS it is highly probable that both parents will be ill at the same time. Then, many children lose both parents within a relatively short period of time. Children who have lost both parents are referred to as double orphans.

**Effects before Parents’ Deaths**

HIV/AIDS affects families long before the parents die. As the disease progresses, the household income can drop if one or both parents becomes unable to work. The income can drop by more than fifty percent. In agricultural communities, the area of land cultivated by a family can drop by over fifty percent if the head of the household becomes ill. Without this source of income and/or food, the family suffers economically. It can become difficult to meet even the basic needs of daily life on the reduced budget.

The cost of treating HIV/AIDS and opportunistic diseases also places a substantial economic burden on families. In Côte d’Ivoire, affected households pay four times as much on health care as unaffected households. Because of these financial burdens, as well as the funeral costs, which can be over one third of the family’s annual income, AIDS can cause extreme poverty even before the parents’ death.

One of the first effects of the disease for children is their ability to attend school. Lack of financial resources and the need to care for sick parents and younger siblings often forces children to withdraw from school. In order to support their family, these
Many children whose parents died of HIV/AIDS visit this primary school of the in Dar Es Salaam, Tanzania. This NGO is actively involved in gender promotion, health and child development.

children take on adult responsibilities and jobs, many of which are dangerous. Children are more likely to be working in commercial agriculture, domestic service, or the sex trade. These jobs often result in injury, sickness, and sometimes even death. Because they are not receiving an education, they are unable to get other, less dangerous jobs which require additional training.

Without education, these children also miss out on essential services. Many services created to assist orphaned and vulnerable children are distributed through the local schools. Children who are not in school do not learn about the services they could be receiving. To change this, some organizations are using services, such as providing food, as a way of encouraging OVCs to attend school. Providing food to OVCs in school takes some of the burden off of child heads of households so they can attend school instead of having to work.

One of the keys to protecting OVCs is the health of the parents. Although there is no cure for HIV/AIDS, it is possible to slow the progress of the disease. However, access to new HIV/AIDS drugs is limited in developing countries. Further, the stigma of having the disease reduces the number of people who get tested. It is important that people get tested for the disease. If the disease is caught early, more can be done to slow the disease’s progress. Even if antiretroviral drugs are unavailable, hospitals and home-care can provide those living with HIV/AIDS with life prolonging treatments for common infections. With treatment, those with HIV/AIDS are better able to lead productive lives, reducing the strain put on the children.

**Effects after Parents’ Deaths**

The death of a parent is devastating. For OVCs, it also sets them up for a long trail of painful experiences. Often, after the death of a parent, the child will face economic hardship, withdrawal from school, loss of inheritance, malnutrition, illness, increased abuse and risk of HIV infection, and discrimination. In some cases, a child is left
without consistent care. This means they are without the love, attention and affection that they need to grow up.

Children’s survival skills suffer when a parent is not present in their life. Many survival skills are passed from generation to generation through parental guidance and support. Without parents to provide this safety net, children and adolescents must improvise because they are forced to take on responsibilities they are not ready to handle. As a result, they are more vulnerable. They are also more likely to become infected with HIV/AIDS, continuing the cycle.

In the past, aid for OVCs has focused on material needs. However, after the death of a parent, the children face significant social and psychological needs. These children go without one of the most crucial aspects of childhood: the love and nurturing of parents. This can result in depression and other psychological problems. In turn, this can lead to suicide because the situation may seem hopeless.

Discrimination is a significant problem for AIDS orphans. As a result of their parent’s death, some children become homeless. Living as ‘street children’, they face significant discrimination. There is a stigma associated with the term ‘street children’ because they are seen as a source of criminal behavior. Despite being one of the most physically visible groups of OVCs, they are often the most invisible in terms of receiving assistance.

Even within their own community, AIDS orphans are sometimes discriminated against. In some areas, there is a fear that these children are cursed by death so they are avoided. The discrimination and isolation they face can cause psychological problems. After suffering the loss of their parents, being cast out by their community can be devastating for these children.

Who should care for them?

‘Street Children’: children who live on the street because they do not have a home to live in. Some have left their families, others are orphans.

Stigma: social disapproval or negative attitudes towards a person because of one or more of their characteristics, such as weight, gender, financial status, etc.

Institutionalized care: a living arrangement, such as an orphanage, that is provided by the state or a private organization to a large number of children. This type of care frequently lacks the nurturing and care that families provide.
Many orphaned children are cared for by older siblings or extended family, but some enter into institutionalized care. However, orphanages are not the answer. Not only are they more expensive to maintain, but they also fail to provide children with the necessary attention and love essential to development. Children in these situations have a difficult time reintegrating into society. After studying the effects of orphanages, the governments of Ethiopia, Rwanda, and Uganda are moving away from long-term orphanages.

Studies have shown that foster care is a better option. The foster care system has created many different common living arrangements. Each situation has benefits and problems. Female-headed households are more likely to take responsibility of orphans and they generally assume the care of more orphans than male-headed households.

The number of grandparent-headed households is increasing. In the past, they have played an important role in caring for orphans but their role has noticeably increased. It has become more common for grandparents to take direct responsibility for the care of their grandchildren. There are also a small percentage of households headed by children under the age of 18. Typically, in these situations, extended family members watch over these households even if they are not providing day to day care.

In some cases, adolescents feel more comfortable residing in a group home established and maintained by a NGO than becoming part of a new family. These group homes avoid many of the problems of institutionalized settings while continuing to provide support to these children and adolescents. Frequently, group homes will tend vegetable gardens and raise farm animals to supplement the homes income.

Terms & Concepts

Foster care: care provided by another family to a child. It may be temporary or long term but the child is not adopted legally into the family.

Group Home: a home typically run by an NGO that is comprised of adolescents who are able to care for themselves but are not old enough to live on their own. This living arrangement provides them with supervision without forcing them into another family.

Non-Governmental Organization (NGO): an organization that has been created separate from the government to work for the better of society. NGOs work in many different areas including the rights and protection of children, AIDS, food relief, development, etc.
For many children, these solutions do not prevent them from being separated from their siblings. Siblings are split up to distribute the burden of care. In Zambia, nearly 60 percent of the orphaned children surveyed have been separated from their siblings.

**CURRENT SITUATION**

According to the World Health Organization, there are more than 2 million children that have been affected by the HIV/AIDS crisis. These children are at greater risk of becoming victims of violence, exploitation, trafficking and other abuses. Parents provide a protective shield of life experience and authority that reduces the likelihood that a child will be harmed.

For children living in regions of armed conflict, the risks are further increased. Unaccompanied children are at greater risk of being coerced—forcefully encouraged—into participating in the violence as **child soldiers**. Girls without parents are at a higher risk of sexual abuse. Often they do not have the skills needed to get a job that provides a sufficient income.

Despite efforts to improve conditions for OVCs around the world, these efforts continue to be affected by a lack of resources and insufficient capacities. Because of resource limitations, most state governments have difficulty implementing the materials and resources outlined by the current international conventions on the protection of OVCs.

Today, the international community is faced with the task of increasing the effectiveness of OVC programs worldwide by taking upon a more overall approach towards bettering the conditions for OVCs. The global response has been generally characterized by a greater integration for the inclusion of support and the

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**CRITICAL THINKING QUESTION**

How can the international community prevent OVCs from becoming child soldiers? What are other possible implications from a growing OVC population?

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**TERMS & CONCEPTS**

**Child Soldier:** a soldier who is under eighteen years of age. They are often forced to serve or highly encouraged to enlist because of the situation they live. International law prohibits the use of children as soldiers in armed conflict.
strengthening of the community’s capacity to better rehabilitate and care for OVCs. Therefore, the international community currently calls for state-building programs in addition to the increase in the access of food and education for most OVCs.

PAST INTERNATIONAL ACTION

In 1989, the Convention on the Rights of the Child (CRC) was adopted into international law. The CRC clearly establishes the basic rights of children, understanding children as those under eighteen years old, unless the country’s laws recognize the age of maturity to be earlier. Under this definition, children are guaranteed the right to survival, well-being and development. Although the family has the primary responsibility of caring for its children, under Articles 20 and 22, in the case that the family is unable to care for its children, the state government is supposed to take responsibility for caring for the children.

To fulfill its responsibility, the state must consider all the options available to make sure that the decisions made are in the best interest of the child. They must also protect all children without discrimination and respect the opinions of the child on all issues affecting them. For OVCs, this document establishes their rights to protection, care, and identity as citizens of the country in which they were born.

For most OVCs who are under 18 years of age, the CRC has been a foundation of their rights as well as representative of the responsibility of state governments to begin actively caring for those OVCs who are often without a primary care taker.

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The Lusaka Declaration was adopted in 1994 to try to address many of the issues for children and families that have been affected by the growing AIDS epidemic. Delegates from 15 countries in East and southern Africa met in Lusaka, Zambia to develop a plan of action in an effort to improve the conditions of OVCs in the region. Coordinated and organized by the United States Agency for International Development (USAID), the Lusaka Declaration represents a commitment to improving the lives of OVCs. The declaration recognizes the importance of ensuring that OVCs have access to education, health care, and social services, and it calls for increased support from the international community.

Valeria, HIV positive mother and activist in the Ukraine says, “HIV positive children should enjoy full rights for treatment and schooling, just like other children.”
Hunger is a big problem for OVCs. Patients with HIV also need to eat before they can take their medicine.

Development (USAID) and the United Nations Children’s Fund (UNICEF), the countries shared their research and insight, specifically targeted towards increasing regional ability to deal with OVCs. This work was significant because it paved the way to the acceptance of the draft document *Principles to Guide Programming for Orphans and other Vulnerable Children*, which was unique in that it created action plans that were country-specific in its implementation of mechanisms and goals.

In partnership with the USAID, UNICEF is working to help countries get the skills and expertise they need to care for OVCs. Emphasizing the principles outlined in the Lusaka OVCs meeting, the USAID/UNICEF partnership has worked to provide country-specific suggestions to countries struggling to meet the needs of OVCs. The organizations have also worked on fundraising projects for OVC programs. Under such leadership, the international community has further increased the effectiveness of the global response of OVCs.

The World Food Program (WFP) has developed programs that use food aid as a means of increasing access to education for OVCs. Providing food for OVCs at school has helped to create an incentive to stay in school; without this incentive, many OVCs drop out of school for work in order to make money to buy subsistence. For those still able to attend school, they are still faced with poor nutrition and inadequate resources of food, which continues to pose great obstacles to their ability to learn greatly reduces their ability to learn. However, the WFP continues to implement such programs in conjunction with the careful monitoring and assessment of such initiatives.

In addition, the World Bank has taken a role by hosting meetings on OVCs and their social protection. These meetings have served to start conversations about the current global response to the OVC issue and how to improve traditional structures and programs that are already in place for helping children that have been harmed and made vulnerable through the HIV/AIDS crisis. Under the leadership of the World Bank, agencies have been coordinating intervention programs on a larger scale in areas most devastated by the HIV/AIDS crisis.
RECOMMENDATIONS FOR FORMULATING A RESOLUTION

Delegates should consider the problems that OVCs face on a daily basis. With this in mind, delegates should address the following when creating draft resolutions:

- Prevention of HIV/AIDS transmission as a means of protecting children;
- Supporting families affected by the AIDS epidemic;
- Protecting OVCs from exploitation, abuse, and neglect;
- Creating programs to assist OVCs meet their basic needs, including food, water, education, love, and protection;

When considering ideas, delegates should take into account the situation of the nations who need to make the most progress in the protection of OVCs. Exactly what obstacles have prevented countries from taking solid steps towards improving conditions for OVCs? Remember, as UNICEF, the committee has limits in terms of what it can and cannot do. As delegates, you have flexibility in suggesting solutions to the committee for increasing conditions for OVCs and you are encouraged to look at problems and issues not discussed in this background guide.

QUESTIONS TO CONSIDER

When researching your country policy, keep the following questions in mind so as to better understand your stance and possible solutions on the topic:

1. How has the AIDS epidemic affected your country?
2. What potential problems does your country face in the future with the AIDS epidemic?
3. Does your country have a large OVC population?
4. What services does this population have access to? What percentage of the OVC population is able to use the services offered?
5. What obstacles currently face international organizations when trying to work with OVCs?
6. Has your country signed and ratified CRC? If it has, how well has it been implemented?

RESEARCH AID

This is the official website on The United Nation’s Children’s Fund – UNICEF is a
great source of information and guides to help you further grasp the UN’s efforts to better the lives of OVCs abroad!

- [www.unicef.org](http://www.unicef.org)

This video by UNICEF TV shows children in Zimbabwe that have been impacted by the HIV of their parents.

- [http://www.youtube.com/watch?v=gJfHiXMQ8hU](http://www.youtube.com/watch?v=gJfHiXMQ8hU)

This short video shows what happens at the last large meeting held by UNICEF to talk about the situation of OVCs.

- Africa's orphans at higher risk of HIV,
  [http://www.youtube.com/watch?v=bt6Peq3SEQ0](http://www.youtube.com/watch?v=bt6Peq3SEQ0)

This is the official website on The United Nations Joint Programme on HIV/AIDS – this is a great starting point to understand the United Nations policies and plan of action in regards to combating the implications of the HIV/AIDS crisis.

- UN AIDS, [www.unaids.org](http://www.unaids.org)

This is the official website for the World Health Organization – you can find a wealth of information on the WHO’s on-going OVC programs! In areas of public health and securing food security – WHO has worked arduously to secure such programs to help OVCs.

- [www.who.org](http://www.who.org)

This is the official website for the United Nations Educational, Social, and Cultural Organization. You can find a complete database of all passed resolutions, and hopefully find relevant information on the countries that are working towards alleviating conditions for OVCs.

- [www.unesco.org](http://www.unesco.org)

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1. [http://www.cdc.gov/hiv/topics/basic/index.htm](http://www.cdc.gov/hiv/topics/basic/index.htm)
2. *The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS* p7-8
3. *Africa’s Orphaned Generation* p15
5. *Africa’s Orphaned Generation* p15
xi The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p37
xii Africa’s Orphaned Generation. P20
xiii Africa’s Orphaned Generation. P22
xv The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p13