IMPROVING THE LIVES OF ORPHANS AND VULNERABLE CHILDREN IN RESOURCE LIMITED SETTINGS

OVERVIEW

The term orphans and vulnerable children (OVC) encompasses children and adolescents younger than 18 years of age. The HIV epidemic, particularly in sub-Saharan Africa, left millions of children orphaned due to the loss of one or both parents, a circumstance that greatly affected their lives and survival chances. Although the number of HIV orphans is declining as millions have been put on life-saving HIV treatment, there continues to be a need to identify and care for children and adolescents who are orphaned or vulnerable due to HIV or other socio-economic and behavioral factors in resource-limited settings. At present, there are an estimated 13.4 million children orphaned by HIV worldwide, approximately 1.8 million children living with HIV, and over 34 million adults,1 many of whom have children and may or may not have accessed treatment services. In addition, there are a significant number of non-HIV-related OVC who are affected by socio economic or behavioral factors that expose them to the effects of poverty, poor or no education, lack of adequate nutrition, abuse, or exploitation.

In recognition of the magnitude of existing OVC and the short and long-term harmful impact in overall child health and well-being, the U.S. President’s Plan for Emergency AIDS Relief (PEPFAR) includes congressionally-mandated funding to address the needs of OVC in resource limited settings.

The Hyde-Lantos Act designates the following children, under 18 years of age, as intended beneficiaries of OVC programs:

- Children orphaned due to HIV, having lost one or both parents
- Children directly affected by the disease: HIV-positive children; those living in a household where there is an HIV-positive person; children exposed to HIV during pregnancy, delivery, or breastfeeding
- Children vulnerable to HIV or its socio-economic effects in high HIV prevalence areas

The legislation recognizes the particular vulnerability of adolescent girls in high HIV prevalence areas and highlights the importance of addressing the needs of women and girls to reduce their HIV risk, including prevention of and a comprehensive response to gender-based violence.

PEPFAR-supported OVC programs aim to keep children healthy, safe, schooled, and in stable households.

CDC’S ROLE

With support from PEPFAR, the U.S. Centers for Disease Control and Prevention (CDC), in collaboration with country governments, directly supports the provision of OVC services in eight countries: Côte d’Ivoire, Haiti, Kenya, Nigeria, South Africa, Tanzania, Democratic Republic of the Congo, and Uganda. CDC historically has been integral in providing HIV clinical services in these countries, both in the facility and in the community. Building on this, CDC has intensified the package of services for OVC to include not only health and nutrition, but also education, psychosocial care and support, household economic strengthening, social protection, child protection, legal protection, and capacity building. These multi-sectoral services are recognized as essential to reduce risk among OVC.

- OVC program staff in the community conduct household assessments to identify those that are most vulnerable to HIV or because of other non-HIV related factors. Tailored interventions in the community or facility are provided as needed to reduce these risk factors, many of which may not be at the individual-level, but rather at the household-level.
- In addition, OVC program experts in the community assess children's HIV status and if needed, arrange for HIV testing. Community HIV-case finding through OVC programs is essential, since many OVC may not access health facilities or otherwise access testing.
- Similarly, staff at CDC-supported facilities are increasingly being trained to assess and identify children accessed through HIV clinical programs who may benefit from OVC program services. CDC supports bidirectional referrals and joint case-management of children to ensure services being offered in the facility and community are linked, and OVC receive cohesive and comprehensive care to optimize HIV treatment outcomes.
- CDC also supports program evaluation and implementation science to inform the development of and measure the outcomes and impact of OVC services.

• CDC supports implementation and evaluation and the Family Matters Program, an evidence-based intervention for parents and caregivers of children and adolescents ages 9-18.

As of September 30, 2016, CDC partners had provided, over a 12-month period, services to more than 729,000 orphans and vulnerable children. These range from infants under 1 year of age, many of whom are HIV-exposed and receive OVC services tailored to improve prevention of mother-to-child HIV transmission program retention and outcomes. Beneficiaries also include youth ages 19 to 24 years old, who will transition into adulthood or may be caregivers themselves. These individuals benefit from interventions like parenting skill building or early childhood development training. In fiscal year 2016, CDC supported more female OVC than male OVC, particularly among 10 to 24 year olds; reflecting the focus on this sub-group that has been shown to be particularly vulnerable.

Figure 1. OVC Beneficiaries served by CDC PEPFAR by age (years), between October 1, 2015 to September 30, 2016.

CDC-supported OVC programs have demonstrated that small changes at the household level can have a significant effect on children in that household. As described below, income generation activities can help entire households become economically stable. For example, an income generating activity enables caregivers to pay school fees so that their children remain in school; staying in school has long-term social and economic benefits for these children and societies as a whole. Of particular importance is ensuring that girls are able to remain in school throughout high school. Girls who complete their high school education seem be at less risk of unplanned pregnancies and of acquiring HIV infection. Preventing HIV in this population has become a critically important goal for HIV epidemic control as in recent years, as this population has the highest numbers of new HIV infections worldwide.²

Box 1. Helping HIV-affected households become economically stable and healthier

Annet is a widow living with HIV and mother of six children. Following her husband’s death, two children had to stop attending school because she was unable to pay for their schooling fees. A Household Vulnerability Assessment conducted by a CDC-supported partner revealed that Annet’s household was critically vulnerable due to the lack of sufficient income to support all the children. These factors negatively affected Annet’s ability to take care of her health, affecting her children as well. Through a CDC partner, Annet received training and support from a Village Savings and Loan Association to farm eggs and chickens and sell them to generate income for her family. In addition, Annet received intensive support from a social worker to ensure that her children received school materials and psychosocial support. Annet and her family are now thriving; all her children are in school and she is able to receive the health care she needed. Annet is constructing four rooms; she plans to rent two of the rooms and use the rest to expand her poultry farm. The extra income has allowed her to pay the children’s school fees and other household expenses.

FUTURE EFFORTS

CDC is works with both clinical and community-based partners to ensure that OVC services have the highest impact possible. Future areas of focus will include:

1. Developing systems and tools to help prioritize services for OVC is essential, especially in resource-limited settings where the need may exceed capacity and resources. Assessing vulnerability (or failure) among HIV-positive children and targeting these children for specific OVC services may be an important way to improve pediatric clinical outcomes. Similarly, assessing children in OVC programs using a simple question-based screening tool to decide who should be referred immediately for HIV testing can help focus precious resources for HIV-testing on those children who are most likely to test HIV-positive and require antiretroviral treatment. CDC provides prevention and treatment services to key populations, including commercial sex workers; children of key populations may be particularly vulnerable to HIV and should be assessed and referred for OVC services and HIV testing.

2. Measuring outcomes and impact of OVC services has been a challenge, and it will be important to continue to develop both monitoring and evaluation systems and implementation science studies that can help fill this gap. The linkage of OVC services between facility and community adds this to challenge. Ensuring that data and information flow between service providers is critical not only to measure outcomes and impact, but also to track and follow-up children who are referred from one setting to another. Furthermore, systems are needed to routinely monitor clinical outcomes of children in OVC programs including HIV testing status, whether or not they initiated antiretroviral treatment, and whether or not they are still on treatment and virally suppressed.

3. Synergizing OVC services with other community-based services will be important going forward. For example, CDC supports Ministries of Health and implementing partners in several countries to develop and implement community-based models for antiretroviral treatment delivery. Similarly, CDC has supported staff or volunteers from facilities in community outreach to trace HIV or TB contacts as a part of routine disease surveillance and control activities or locate and re-engage patients who have missed HIV clinic appointments. Strategizing on how CDC-supported OVC services can help to maximize outcomes of these efforts (and vice versa) will be important going forward.

BENEFITS OF OUR WORK

CDC’s OVC work has many benefits for the health of children and their families. In addition to direct and more immediate benefits such as linkage to HIV testing, antiretroviral treatment, or increased household income, other types of benefits such as better parent-child relationships, improved early childhood development, and improved safety and reduced exposure to violence and abuse may be more difficult to measure and may only be seen in the long run. Furthermore, much of CDC’s OVC work helps to strengthen entire families, and therefore will have a broader impact for the health and well-being of communities and countries as a whole.