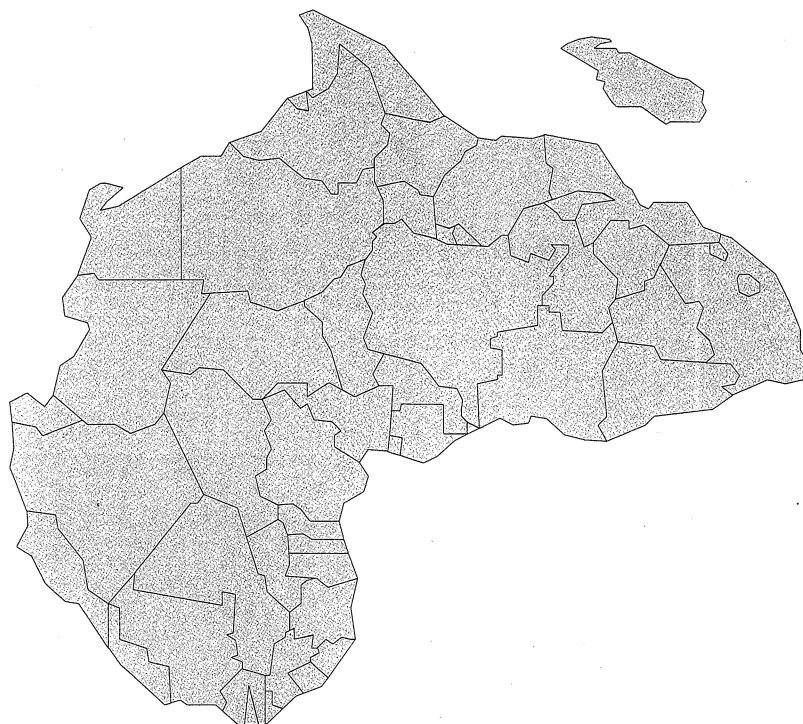


THE ROLE OF THE SOCIAL WELFARE SECTOR IN AFRICA:

Strengthening the capacities of
vulnerable children and families in the
context of HIV/AIDS



This advocacy document is based upon a joint SAfAIDS/UNAIDS/ IFSW survey. The survey reviewed how the Departments of Welfare and training institutions for social workers in several sub-Saharan African countries are responding to the orphan crisis as a result of the HIV/AIDS epidemic.

For further information please contact:

UNAIDS Intercountry Team
Southern and Eastern Africa
P O Box 6541
Pretoria 0001
South Africa

Tel: (27) 12 338 5294
Fax: (27) 12 338 5310
Email: sanderson@un.org.za
Website: www.unaids.org

**Southern Africa AIDS Information
Dissemination Service (SAfAIDS)**

P O Box A 509
Avondale
Harare
Zimbabwe

Tel: (263) 4 336 193
Fax: (263) 4 336 195
Email: info@saf aids.org.zw
Website: www.saf aids.org

**International Federation of
Social Workers (IFSW)**

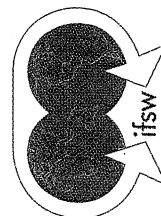
Postfach 6875
Schwarztorstrasse 20
CH-3001 Berne
Switzerland

Tel: (41) 31 382 6015
Fax: (41) 31 381 1222
Email: secre.gen@ifsw.org
Website: web: www.ifsw.org



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THE ROLE OF THE SOCIAL WELFARE SECTOR IN AFRICA:

**Strengthening the capacities of vulnerable children
and families in the context of HIV/AIDS**

Purpose

The purpose of this advocacy document is to:

- build an awareness of the consequences of the HIV/AIDS epidemic on children and orphans in Africa
- enhance understanding of the social welfare sector in relation to HIV/AIDS, families, children and orphans
- increase awareness of the role of social workers, as professionals working in the social welfare sector in the field of HIV/AIDS
- suggest an action plan to guide social welfare workers in strengthening the capacities of vulnerable children and orphans.

Prepared by SAFAIDS in collaboration with UNAIDS and IFSW.

THE ROLE OF THE SOCIAL WELFARE SECTOR IN AFRICA:

**Strengthening the capacities of vulnerable children
and families in the context of HIV/AIDS**

HIV/AIDS IN AFRICA: THE PROBLEM

As the 20th century drew to a close, some 33.6 million men, women and children faced a future dominated by a disease unknown just a few decades ago. The HIV/AIDS epidemic has hit Africa harder than anywhere else in the world. The HIV infection levels are highest, access to care is lowest, and social and economic safety nets that might help families cope with the impact of the epidemic are badly frayed, in part because of the epidemic itself. At the start of 2000, some 23.3 million Africans south of the Sahara are estimated by UNAIDS/WHO to have HIV infection or AIDS, including 12.2 million women.

In Africa most people living with HIV are likely to die of AIDS because antiretroviral medicine and adequate treatment of common opportunistic infections are often out of reach. AIDS has overtaken all other individual causes of adult and child mortality in the region.

Of greatest concern is the trend in relation to young people and especially teenage girls. They typically have infection levels several times that of males their own age, reflecting that their sexual partners are usually older and their increased physiological and socio-economic vulnerability.

In the worst affected cities in sub-Saharan Africa, antenatal clinic HIV seroprevalence is over one-third. These women have a 25-40% risk of transmitting HIV to their babies. High risk environments for men and women include border towns, major cities, growth points

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and trade routes. Also at increased risk are those in occupations such as the military and police, migrant work including trucking, sex work, commercial farm work and in the informal sector. Certain development projects such as road construction have been clearly associated with increased rates of HIV infection, showing the direct link between some aspects of development and HIV spread.

There are several key factors that the social welfare sector needs to take into account in responding to the epidemic in Africa. In addition to the major underlying factors of poverty, gender inequity, social insecurity and mobility must be added concerns such as limited health care access, particularly for treating sexually transmitted diseases; limited condom use; multiple sexual partnerships; and insufficient awareness and prevention programmes. All these factors have contributed to the magnitude of the problem. Critically, HIV/AIDS has not been a top political issue in the region, nor a core development concern for many development agencies outside the health sector. It remains stigmatised and often hidden, even within families, impeding both prevention and effective care, let alone long-term mitigation efforts.

By the end of the year 2000, it is projected that a global cumulative total of 13 million children will have lost their mother or both parents to AIDS, and 10.4 million of them will still be under the age of 15. It is expected that the number of orphaned children will grow rapidly until 2010, and that it will not level off until 2030. This means that the social welfare sector will face unparalleled challenges in this new millennium. At the community level, as the HIV/AIDS epidemic deepens, the socio-economic impacts widen to affect the whole community, resulting in an adverse long-term effect on community structure and function. Community problems that arise, apart from the serious effects on health and spiralling poverty, may include the need to support greater numbers of orphans, reduced participation of the community in neighbourhood and community structures, increased homelessness and escalating crime.

THE IMPACT OF HIV/AIDS ON VULNERABLE CHILDREN AND ORPHANS

Children infected and affected by AIDS will face similar problems to other children in difficult circumstances – only these problems are likely to be even more acute. Problems are likely to include serious financial difficulties, malnutrition, neglect, ill treatment, hunger, child labour, dropping out of school, lack of food, clothing and blankets, problems in getting birth certificates, and risk of abuse, including sexual abuse. In addition, children orphaned by AIDS often experience stigma and discrimination.

Loss of parents can have profound emotional, material and developmental consequences for any child, especially in poor households. Although governments and non-governmental organisations (NGOs) trying to mitigate the impact of AIDS should consider all children in exceptional need, orphans from AIDS may face even worse problems, such as stigma, or HIV themselves, with a corresponding higher mortality rate.

AIDS has produced the phenomenon of child-headed households, where the older children have to look after their siblings in the absence of adults. This situation will be worse where some of the children may also have HIV/AIDS and be in need of medical care. Child caregivers and other orphans in poor households may have to earn a living off the streets, where they are even further at risk from hunger, disease or sexual exploitation – and consequent risk of HIV infection.

THE ROLE OF THE SOCIAL WELFARE SECTOR IN THE CONTEXT OF HIV/AIDS

The social welfare sector broadly comprises government departments of welfare, NGOs and voluntary welfare organisations.

In the past, responses by governments to the problem of children in need and orphans usually comprised reactive child welfare

programmes, such as foster care, institutional placements, adoptions, social assistance payments and the like. However the scale of the HIV/AIDS epidemic renders such measures impractical and ineffective and beyond the scope of publicly funded measures.

The crisis is of such magnitude that the existing resources are overwhelmed by the extent of need. For example in Zimbabwe there are places for only 2500 children in institutions throughout the country, yet government estimates suggest that the number of orphans total over 800,000.

In addition, many of the children in need are socially "invisible" in the sense that they often do not comprise the traditional categories of children in need of care and are not targeted for assistance. A further complicating factor is that many countries in the region face serious resource constraints and are not able to meet even the traditional measures of social welfare (eg, payment of clinic fees or school fees), let alone deal with the new problems engendered by AIDS.

A theoretical option for government is to increase social provision to absorb the growing numbers of children in need by creating more institutions and providing other infrastructure. However, apart from the impracticality of these measures and the serious resource difficulties already mentioned, there is a strong argument against institutional options, which remove children from their environment, create dependency on external organisations and are less acceptable culturally. The better alternative is for government to channel resources and create legislation and policy frameworks towards strengthening and supporting the existing traditional welfare system of the extended family and community. This has the advantage of cultural acceptability, and bolstering the care and protection normally provided by the family is also much more cost effective and sustainable.

Social workers, as professionals working in the social welfare sector, can provide some direction to others also involved in social service provision in the area of HIV/AIDS.

INTERNATIONAL FEDERATION OF SOCIAL WORKERS' POLICY ON HIV/AIDS

The International Federation of Social Workers (IFSW) produces policy statements to guide social workers in their practice, and in the area of HIV/AIDS there are two publications: *"Beyond Medicine: The Social Work Response to the Growing Challenges of AIDS"* and *"International Policy on Strategies for Responding to HIV/AIDS."* The International Policy Statement on HIV/AIDS suggests that IFSW and its member associations should undertake to:

- participate in programmes to prevent the spread of HIV/AIDS in unaffected groups and regions
- counteract the use of force in the struggle to prevent the spread of HIV/AIDS
- give priority to the global implementation of comprehensive anti-discriminatory policies for people affected by HIV/AIDS
- lobby for more equitable and just distribution of resources, services and support structures world-wide
- develop and improve ethical and professional standards of those members involved in this endeavour
- contribute to the systematic exchange of information on all aspects of the issue as it affects social work practice and education, and client groups
- ensure that social workers, and social work institutions and agencies have the necessary training, education and support to maintain high standards of service to people living with HIV/AIDS
- be involved in research, data collection and information dissemination.

These principles should guide social workers in their work with children and adults infected and affected by HIV/AIDS.

HIV/AIDS SERVICES PROVIDED BY SOCIAL WORKERS

In Africa, as elsewhere, social workers are employed in a variety of agencies many of which will be working either directly or indirectly with the effects of the HIV/AIDS epidemic. Social workers are likely to be working primarily in government service, followed by NGOs and the voluntary welfare sector, and involved in providing, facilitating, or supporting:

- HIV/AIDS prevention programmes, including community education and development projects
- child care programmes (aimed at empowering the extended family/community to identify and care for orphans and other vulnerable children in their localities)
- community-based rehabilitation and home-based care programmes
- programmes for adolescent reproductive health
- counselling services, including voluntary counselling and testing
- women's and children's rights
- women's development groups and programmes on male responsibility
- income generating projects
- foster homes (encouraging family environments)
- social welfare financial and material assistance.

Professional social work training is potentially of considerable value in working with families and children infected or affected by HIV/AIDS. However, as trained social workers are scarce, it is necessary that they assist in developing community-based counsellors and volunteers, who can provide direct service within communities.

Schools of social work and university departments of social work in Africa need to respond to these demands and be able to provide training that will meet the needs of organisations concerned with HIV/AIDS, particularly government departments of welfare.

ACTION PLAN FOR THE SOCIAL WELFARE SECTOR

Strengthen community and family coping mechanisms

- recognise the crucial role played by the community in offering informal care based on the extended family system, and build on this rather than risk undermining it
- find out exactly how the extended family copes in different settings, such as urban/rural, and at different levels of poverty, and how it adapts itself when incorporating orphans or other family members (ie understand the traditional safety nets)
- resort to institutional care as seldom as possible, due to the harmful effects of institutionalisation and inadequate available resources for this option
- maintain registers of orphans and children in need at district and provincial levels, and encourage activities of communities participating in HIV/AIDS awareness programmes
- conduct applied research concerning the impact of HIV/AIDS on children. It is important that this research is made available to practitioners, rather than remaining the preserve of academics
- document child care "best practices" and ensure that these are widely disseminated
- initiate educational and developmental programmes to prevent the spread of HIV/AIDS and provide care, protection and acceptance development for children
- appreciate and support the role that traditional leaders, churches and other indigenous organisations and institutions play in serving orphans and other needy households
- recruit, train and supervise support persons in the community to assist with caring for children in formal and informal care.

Alleviate community poverty

- arrange free, or at least reduced price, education and health care for the poorest community members
- channel government and donor funds to assist the community in developing small income generating projects
- reinforce community structures in order to mobilise financial resources and assistance in kind to meet vulnerable children's needs.
- provide appropriate resources and incentives to caregivers to encourage them to care for orphaned children.
- create an awareness of the negative effects of poverty on HIV/AIDS and lobby for debt cancellation and other measures to ensure more resources are available.

Develop a multi-sectoral approach

- involve ministries of social welfare, NGOs, community groups, the private sector, and most importantly, people living with HIV/AIDS
- build an effective coalition through networking in the area of child rights and orphan care with NGOs
- re-prioritise social work posts to allow specialist(s) in child welfare to coordinate activities at provincial and district levels
- work directly with associations of people living with HIV/AIDS in assisting them to develop peer support and counselling skills.
- develop strategic alliances with other partners and build community awareness of the needs of children and orphans.

Build capacity of the social welfare sector

- transform welfare departments/ministries from "welfare" services towards "development" activities
- allocate resources to implement appropriate HIV/AIDS preventive and supportive activities
- find creative ways of increasing budgets available to departments of social welfare to enable them to recruit additional staff
- arrange ongoing in-service training for staff to bring them up-to-date with developments in the field of HIV/AIDS. Cooperate with the university departments/schools to ensure this
- train according to the real needs experienced at community level
- develop strong links with the community; provide inputs such as technical expertise, administrative support and financial assistance
- develop a clear understanding of the professional role of social workers. There is need for a Social Workers Act within countries, or at least formal registration of social work associations
- act on initiatives to relieve the plight of clients with HIV/AIDS, guided by policy statements of the International Federation of Social Workers.

"Social workers, by virtue of their training, their particular perspective of the individual within the family and community constellation, together with the wide range of social work employment in health and welfare settings, are uniquely well placed to play a very effective role in the global effort to deal with the HIV epidemic, and the empowerment of those affected..." (IFSW Policy Statement on HIV/AIDS)

**Organisations and groups which
may find this advocacy document useful:**

1. government departments of social welfare
2. other government departments concerned with children, youth and families
3. non-governmental organisations (NGOs)
4. international organisations concerned with social workers, children and HIV/AIDS
5. national associations of social workers
6. community groups
7. national and local associations of people living with HIV/AIDS
8. university departments of social work and schools of social work.