A Special Policy on Universal Access for Children affected by HIV and AIDS
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“I want to become a doctor despite all discrimination and problems I face today”..”I want to be a soldier and serve the country”..”I want to invent medicine which can kill HIV and make this world free of this disease” These are the dreams of some of the HIV infected children from different parts of the country…

In 2005, UNICEF India woke up to the new breed of ‘vulnerable’ children called OVCs or Orphan and Vulnerable Children internationally. The launch of the campaign Unite for Children Unite against AIDS was the beginning of a journey well thought out but with immense learning opportunities for the organization.

The civil society in the country was already responding to the needs of these children and their families in their community level work and they were following the Global Framework for Orphans and Vulnerable Children strategies, which was already adopted in the African continent. The right approach for India was not yet in sight, especially for a low prevalence country, with huge numbers of ‘vulnerable’ children due to number of reasons besides HIV.

In 2006, a National Consultation on Children Affected by and Vulnerable to HIV/AIDS was organized by UNICEF, DWCD and NACO, which brought various agencies working on the issue on one platform. This resulted in the formulation of an action plan for the next two years to arrive at the national strategy towards addressing the needs of these children. A national task force was formed under the leadership of DWCD, NACO and UNICEF to plan and conduct assessments, strengthen the policy and monitor the implementation of key actions from this consultation.

One of the key actions, which emerged from the above consultation, was to enable increased participation of children. This was realized by a successful national consultation with 53 affected children from 10 states in 2006, facilitated by PW N+, in which the children brought forth the various issues which concern them and wherein the need for ‘pediatric formulations ’ of ART for children and overcoming ‘stigma and discrimination’ emerged as the key recommendations from children.

NACO was quick in its response to these, launched the Pediatric AIDS programmes towards the end of the year 2006, and formulated strategies to address the needs of these children in their new country strategy, NACP III (2007-2011).

A qualitative research ‘Barrier’s to services for children with HIV positive parents’ in six high prevalence states in the country by UNICEF generated evidence that there is widespread stigma against families, especially children from affected families, which also leads to lesser number of people accessing services or seek information. In addition, rapid assessments of some of the responses by NGOs gave some understanding on the programming needs for these children.

In the year 2007, in order to give direction to the programmes that were to be implemented in some of the high prevalence states for children affected by HIV/AIDS, NACO felt the need to have a common ‘operation guidelines’ which can guide the implementation process. The National Task force on Children affected by HIV/AIDS started working on this based on research-based
evidence and impact of the existing programme. What emerged clearly brought out the need to have more coordinated effort among all the key ministries responsible for the rights of the children, their right to education, health, social welfare, and protection.

The constant interplay between a child’s need to access the right information to prevent infection, a child’s right to survival and development without being infected through mother to child transmission, an infected child’s right to treatment and an affected child’s right to care, support and protection led to formulation of a comprehensive national policy. The Policy Framework for Children and AIDS was released on 31st July 2007 by the Minister of Women and Child Development, Smt. Renuka Chowdhury and Secretary, Health, Dr. Naresh Dayal. The policy has brought to focus that although HIV/AIDS will primarily remain a health issue the unique nature of this disease leading to violations of basic rights of the children needs to be addressed by a concerted effort of all key ministries who are responsible for the well-being of children.

The Department of Women and Child with additional responsibility of ‘Child Protection’ and now termed, as the Ministry of Women and Child Development is determined to support these children through their ‘Child Protection’ schemes for all children in difficult circumstances and nutrition through Integrated Child Development Scheme. The Ministry of Human Resource Development will ensure access to education and nutrition for children above 6 yrs of age.

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