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## UNITED NATIONS CHILDREN'S FUND (UNICEF)

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### DESCRIPTION OF THE COMMITTEE

The United Nations Children's Fund (UNICEF) is a United Nations agency that provides long-term humanitarian and developmental assistance to children and mothers in developing countries. Since UNICEF is a voluntarily funded body, it relies on its 192 member states and private donors to contribute money for its efforts.<sup>1</sup>

UNICEF was created by the United Nations General Assembly on December 11, 1946 to provide emergency food and healthcare to children in countries that had been devastated by World War II. UNICEF became a permanent part of the United Nations system in 1953 and has since then emerged as the largest organization supporting children's rights. UNICEF focuses on five main areas that are prioritized for funding<sup>2</sup>:

- Child survival and development (Evidence-based child survival, nutrition and environmental interventions)
- Basic education and gender equality (Free, compulsory quality education for all children)
- HIV/AIDS and children (Prevention, pediatric HIV/AIDS, parents-to-child transmission, orphaned children)
- Child protection (protecting children from violence, exploitation and abuse)
- Policy advocacy and partnerships (Data, policy analysis, leveraging resources, child participation)

Guiding and monitoring all of UNICEF's work is a 36-member Executive Board which by passing resolutions establishes policies, approves programs and oversees administrative and financial plans. The Executive Board is made up of government representatives who are elected by the United Nations Economic and Social Council (ECOSOC)<sup>3</sup>.

### TOPIC: ACCESS TO PRIMARY EDUCATION

#### INTRODUCTION

Education is a basic human right, vital to personal and societal development and well being. By providing a means for sustainable living, education ends generational cycles of poverty and disease. Attending primary school also offers children a safe environment, with support, supervision and socialization. Here children learn life skills that can help them prevent diseases



such as HIV/AIDS and malaria, along with receiving life-saving vaccines, fresh water and nutrient supplementation at school.<sup>4</sup> However, not every child has access to primary education, meaning full-time education suited to the requirements of students up to the age of 12 years.

Ninety-three million children of primary school age are out of school despite the fact that most countries have made primary education compulsory.<sup>5</sup> Also, the United Nations Millennium Development Goals (MDGs)--eight goals that the United Nations member states agreed upon achieving by 2015--regard universal primary education to be interlinked with its other goals such as gender equality and empowering women.<sup>6</sup> However, achieving this goal of universal primary education has proven difficult, particularly in Sub-Saharan Africa and in South Asia.

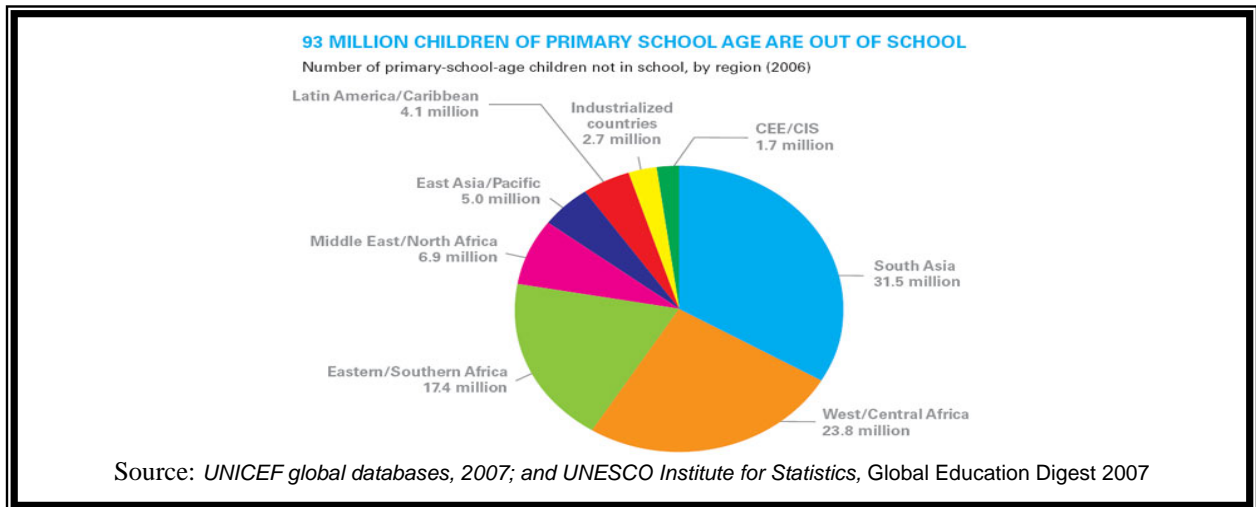
A considerable international effort has gone into improving access to primary education, showing that the number of children of primary school age who are out of school has declined markedly in recent years, from 115 million in 2002 to 93 million in 2005-2006.<sup>7</sup> This is substantial progress but more efforts need to be concentrated in regions where reaching the last few per cent of children out of school may be a particular challenge, requiring different strategies and investment.

## **BACKGROUND/HISTORY**

Family poverty is the greatest barrier to primary education as sending children to school may result in the loss of their income or help at home. Furthermore, schools may charge fees or require uniforms and supplies that families cannot afford. As such, when faced with maintaining survivability of a household, many parents see education as a burden rather than an investment.<sup>8</sup> Also, uneducated parents are less likely to send their children to primary school than those who received primary education themselves. Access to primary education is greatly hindered when the opportunity costs of sending children to school are not worth the value of the children's labor at home or elsewhere.

Also, the legal frameworks around education can be weak, as even though compulsory and/or free education laws exist they may not be enforced. Corruption and local bureaucracy has tremendous impacts on primary education as money earmarked for creation of schools or hiring of more teachers either does not make it through for its original purpose or is dragged through unnecessary complications so as to delay setting up infrastructures for education. Access to primary education is greatly limited when children do not have a school to attend or enough teachers or supplies to withstand greater enrollment.





### *Safety*

Issues of safety and security of children attending school away from home also contribute to reasons why parents do not prioritize primary education. If children have to travel long distances to school, parents are less likely to allow taking the journey because of risks to their personal safety.<sup>9</sup> This is particularly true in war-torn areas or regions prone to sporadic conflict breaking out. Parents do not see, however, the link between granting access to primary education and the emergence of more tolerance and less violence in the future.

Finally, children are most likely to drop out of school if it is irrelevant to their realities. If the curriculum fails to address facts and skills for life, including education on rights, gender equality, health, nutrition, HIV/AIDS, and peace along with literacy and numeracy, children would not be able to relate to what they observe in their surroundings and what they learn in school. The importance of bridging this chasm is understated in primary education and more must be done to address these concerns.

### *Gender Inequality*

The single most important factor preventing girls from attending and achieving in school is gender discrimination. Girls and boys both have hurdles to overcome in terms of access to primary education; however, for the girls these obstacles are, for the most part, more frequent and more difficult, simply because they are girls.

Early marriage and pregnancy are widespread and common in many countries, and most have laws prohibiting pregnant girls from attending school or returning to school after birth. Social conditioning and removal of a family burden are reasons why child marriage is so frequent in less developed countries. Also, many societies have lower expectations for girls during the early years of a child's life where girls receive less care and attention compared to boys. As such, a systematic mentality of girls not being good enough or desired enough as children is engrained that limits achievement or expectations for girls themselves. Instilling self-confidence to face off against social pressures is needed to have more access to primary education.

Issues of safety and security are heightened and supercharged with regards to girls. Physical violence in school, including sexual abuse and rape, is directed towards girls much more than boys since girls are seen as weaker and more likely to accept oppression.<sup>10</sup> Also, the lack of female teachers as role models or confidants can make girls feel less secure in the school environment while studying curricula that perpetuates gender discrimination and stereotyped roles.

#### **CRITICAL THINKING QUESTION**

Since the issue of boys holding a preeminent role in society over girls is a gendered discrimination engrained in many cultures, how should the UN go about changing such mentalities? Are such stereotypes reflective of a greater concern other than access to primary education that needs to be addressed in societies? How can populations change their minds about a topic that has been passed down through generations as the social norm?

### **INTERNATIONAL ACTION**

UNICEF works in 157 countries, calling on development agencies, governments, families, religious groups, civil society and donors to step up efforts on behalf of education for all children. UNICEF's strategies to support access to primary education are adapted to the local situation. Interventions have typically included<sup>11</sup>:

- Policy support and technical assistance to governments and communities to increase access for children who are hardest to reach or suffer from most discrimination;
- Assistance in preparing for and responding to conflict and other crises so that affected children's rights to basic education are fulfilled in safe, stable and gender-sensitive environments;
- Promoting quality in education as a means to encourage access.
- Support for the development and implementation of specific actions to reduce the gender gap, while increasing overall enrolment and attendance;
- Programs to eliminate cultural, social and economic barriers to the education of girls; and,
- Outreach to locate excluded and at-risk girls and get them into school.

UNICEF has also worked hard in promoting life skill-based education to allow for more relevancies in the learning of children and in order to better pass on the grave problems and promising solutions facing the world today.

In 2004, ECOSOC passed resolution 254 entitled 'The right to education' which elaborates further on the issue of access to primary education.<sup>12</sup> The UN Development Program (UNDP) is working to achieve the MDGs by 2015, of which one of the goals is universal primary education. Funding has been provided by the UN member states to meet the objectives of the MDGs; however, investment does not guarantee that infrastructure will be developed. The international community while has acknowledged access to primary education as an important priority and UNICEF provides support to many disparaged communities to increase such access, there is still more that has to be done if the world plans on meeting its 2015 deadline.



## RECOMMENDATIONS FOR FORMULATING A RESOLUTION

When formulating resolutions, delegates should consider focusing on providing quality teaching for primary education aged children. As such, the following framework should be addressed<sup>13</sup>:

- Environments: At the very least, they ought to be healthy, safe, protective and gender-sensitive
- Content of education: Relevance of curricula and materials, especially with regards to life-skills
- Processes: Teacher-student ratio, recruiting more teachers to act as counselors, community support
- Outcomes: Assessments revealing national goals for education and positive participation in society
- Students' background: Being in tune with the experience children bring into the classroom

However, more important than ensuring quality education is available for children, the committee should codify ideas on how to provide access to such education for children. The barriers to education mentioned in the history/background section ought to be referred to and innovative international actions should be articulated. Questions of poverty, gender inequality, and legal inadequacies are of paramount interest to UNICEF with regards to issues intercepting a child's right to education. Resolutions should tackle these problems with unique viewpoints, keeping in mind their country policies, and should restrain themselves from simply throwing money or offering charity to overcome such obstacles. While funding is important for plans to get off ground, delegates should first come up with an idea of how to minimize the influence of a variable affecting access to primary and then work funding into the plan.

When considering plans to include in resolutions, keep in mind the framework mentioned above and the social conditions of the children at hand. Also, UNICEF has limitations in terms of its jurisdiction and what it can and cannot do. As delegates, you have absolute freedom in suggesting recommendations to the committee for increasing access to primary education and you are encouraged to delve into problems and issues not mentioned in this background guide which you find pertinent to the topic.

## 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:**

2. How many children are not getting access to primary education in your country?
3. What is the ratio of boys-girls enrollment in primary education for your country?
4. What does your country find the main reasons for restricted access to primary education?
5. Has your country begun any programs to increase access to primary education regionally or around the world?
6. Does your country contribute to UNICEF efforts in promoting primary education? If so, how much?
7. What are three proposed plans your country would support in order to increase access to primary education on a worldwide scale?

## TERMS AND CONCEPTS

**Primary education**: full-time education suited to the requirements of students up to the age of 12 years.

**Millennium Development Goals (MDGs)**: eight goals that the United Nations member states agreed upon achieving by 2015; universal access to primary education is one of them.



## TOPIC: PROTECTION OF ORPHANS & VULNERABLE CHILDREN

### INTRODUCTION

Around the world, hundreds of thousands of lives, societies, and economies have been devastated by the **HIV/AIDS pandemic**. When disease strikes, children are one of the most vulnerable populations. Not only are they at risk of getting sick, but they also suffer if their parents are infected. As a result, increasingly, particularly in Africa, children are becoming the **head of the household**. Robbed of their childhood, they are forced to take on responsibilities that require a level of maturity that adults, not children, are expected to have. Children in this position often cannot go to school because they are providing for the surviving family members, and often live in dangerous areas without protection. Instead they take on the role of primary-care provider for sick parents and younger siblings.

In the year 2005, it is estimated that 38.6 million people were living with the human immunodeficiency virus (HIV), which then develops into acquired immune deficiency syndrome (AIDS). In many areas the number of new infections continues to grow. Approximately 64 percent of the world's population that has AIDS lives in sub-Saharan Africa. More women than men are infected<sup>14</sup>. 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<sup>15</sup>. These children are the **orphans and vulnerable children** (OVC), “children whose care is compromised as a result of the illness or death of an adult who contributed to the care and/or financial support of the child,” of the HIV/AIDS pandemic<sup>16</sup>.

Traditionally, the extended family would take the orphaned children, but the AIDS epidemic has weakening the extended family support system. As a result, some children have no one to look to for assistance, particularly in rural or underdeveloped areas. In some communities they are ostracized. For others, they are taken as foster children or placed in orphanages which often face overcrowding and understaffing issues.

### BACKGROUND

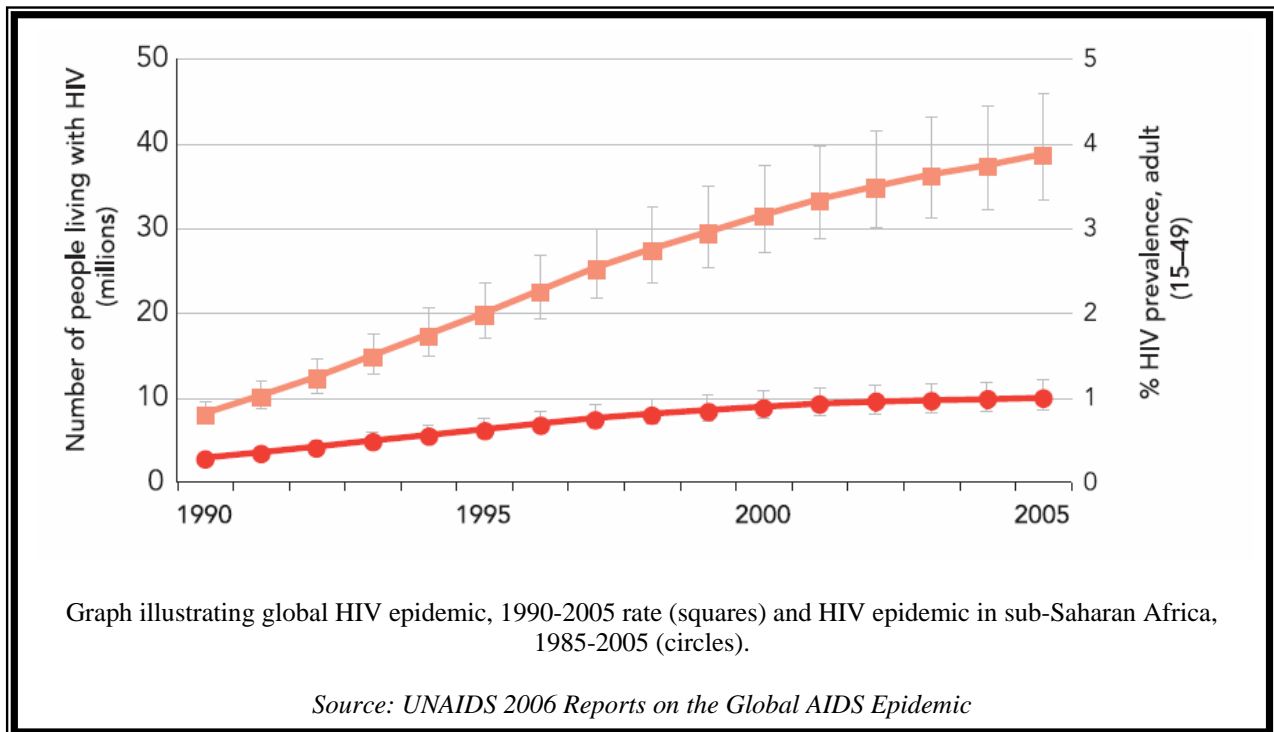
#### *HIV/AIDS: A Devastating Disease*

HIV is the virus that causes AIDS, a disease that attacks **T-cells**—white blood cells that are necessary to fight infection. AIDS is the final stage of HIV. HIV is not transmitted through everyday contact such as shaking hands or hugging, but through blood transfusion, sharing of needles, mother-to-child transmission when the mother is pregnant or breastfeeding, or through sexual intercourse.

Often, during the early stages of the disease, there are no symptoms. But as the disease progresses, the victim's weakened immune system cannot fight off **opportunistic infections** that healthy people's immune systems can easily overcome. For example, the common cold, shingles, and bronchitis aren't lethal to a healthy person, but can be deadly for someone who has developed AIDS. However, because it can take up to a decade for



someone who is HIV-positive to develop AIDS, people can pass on the HIV virus to others without knowing it.



Currently, 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 when given to a patient. They are offered as “cocktails,” meaning a patient would usually need to take more than one pill a day, which is impractical for those who have no access to health facilities with HIV/AIDS expertise in underdeveloped areas. Additionally, children often cannot find work when they are sick, or cannot earn enough to support themselves and their families and pay for drug treatment.

In the developed world, drug companies that hold the patents to HIV/AIDS drugs are often reluctant to sell the drugs at reduced prices to country governments who can’t afford the full-price drugs, which places access to these lifesaving drugs out of even further reach of OVC.

### *The Protection of Children’s Rights*

In 1989, the **Convention on the Rights of the Child (CRC)** was adopted into international law. In 54 articles, this document clearly establishes the basic rights of children everywhere. Children, defined as being under eighteen years old unless the country’s laws recognize the age of majority to be earlier, are guaranteed the right to survival, well-being and development. Generally the family has the primary responsibility of caring for and protecting the child. However, Articles 20 and 22 require that the state take on the responsibility of caring for and protecting the child in situations where the child has been deprived of the family environment. To fulfill its responsibility, the state must consider all the options to ensure 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<sup>17</sup>.

### *History of OVC*

In the last fifteen years, numerous steps have been taken to protect the rights and safety of OVC. The **Lusaka Declaration**, a declaration addressing many of the issues for children and families as a result of the growing AIDS epidemic, was adopted in 1994. In 1998 the United Nations became directly involved through the UN General Discussion on “Children living in a world with AIDS.” This discussion addressed the view that AIDS is often seen as primarily a medical problem but, in reality, it has a much more significant impact. The Lusaka meeting as well as a later meeting in Pietermaritzburg, South Africa became the framework for meetings in other regions of Africa<sup>18</sup>.

### *Who is an OVC?*

The majority of children orphaned by AIDS live in developing countries with 82 percent living in sub-Saharan Africa. However, as the infection continues to spread, the number of OVC because of AIDS in Asia, Latin America and the Caribbean, and Eastern Europe will increase.

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**<sup>19</sup>.

### *Effects Before Parent's Death*

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<sup>20</sup>.



- Maternal Orphans: children whose mothers, and perhaps fathers, have died (includes double orphans)
- Paternal Orphans: children whose fathers, and perhaps mothers, have died (includes double orphans)
- Double Orphans: children whose mothers and fathers have both died

*The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*

One of the first casualties of the disease for children is schooling. Economic pressures as well as the need to care for sick parents and younger siblings often force children to withdraw from school. In order to support their family, these children then take on adult responsibilities as well as adult jobs, many of which are dangerous. Children are more likely to be working in commercial agriculture, domestic service, or the sex trade<sup>21</sup>. These jobs often result in injury, sickness, and sometimes even death. Because these children are not receiving an education, they are unable to get other, less dangerous jobs which require additional training<sup>22</sup>.

Without education, these children also miss out on essential services<sup>23</sup>. 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 free food, as a means of encouraging OVC to attend school. Providing food to OVC 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 OVC is protecting and maintaining the health of the parents. Although there is no cure for HIV/AIDS, it is possible to slow the progress of the disease. However, the **stigma** of having the disease discourages people from getting tested. If the disease is caught early, more can be done to slow the disease's progress. Even if antiretroviral drugs are unavailable, clinic 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 their children<sup>24</sup>.

#### *Effects After Parent's Death*

The death of a parent is devastating. For OVC, 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 responsive care. This means they are without the love, attention and affection that they need to grow up healthy.

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. Training OVC to



handle these responsibilities can greatly reduce the strain put on them. Vocational training and apprenticeships give them skills that allow them avoid working in dangerous occupations as well as enhance their ability to generate income. Often they also need to learn household management skills as well as childcare skills. Through programs that teach survival skills, children and adolescents can also learn skills to help protect themselves from being infected with HIV and improve their quality of life.

In the past, aid for OVC 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 parents' 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 OVC, they are often the most invisible in terms of receiving assistance<sup>14</sup>. Even within their own communities, AIDS orphans are sometimes discriminated against. In some areas, there is a fear that these children are cursed by death so they are avoided.

#### *Risks OVC Face*

Children whose parents are unable to care for them are more vulnerable. They 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 victimized. 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. As a result, many female OVC will trade their bodies for money, food, or other supplies to meet their basic needs<sup>25</sup>.

#### *The Question of Care*

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, they 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 institutionalization<sup>26</sup>.

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.



“They treat you badly. You don’t feel like walking in the street, they give you names. They whisper when you pass. They take it that when one person in the house is sick, all of you in that house are sick.” ~ A 16 year old girl, South Africa

*Africa’s Orphaned Generations*

Female-headed households are more likely to take responsibility of orphans and they generally assume the care of more orphans than male-headed households<sup>27</sup>. 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<sup>28</sup>.

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 home’s income<sup>29</sup>.

For many children, however, 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.

## **PAST INTERNATIONAL ACTION**

### *NGOs at Work*

Around the world many different NGOs work together to provide assistance for children affected by the AIDS pandemic. Some, like United Nations Children’s Fund (UNICEF) work specifically with children. Education and food are crucial aspects of the protection of OVC. As a result, many NGOs, such as World Food Programme (WFP), have developed programs that use food aid as a means of increasing access to education for OVC. Providing food for OVC at schools creates an incentive to stay in school. Otherwise, many of these children would have to drop out of school to work in order to have enough to eat. For those still able to attend school, poor nutrition greatly reduces their ability to learn and depresses a body’s ability to fight off infection.

### *Convention on the Rights of the Child*

The Convention on the Rights of the Child (CRC) specifically establishes the human rights of children as international law. The document was adopted into international law in 1989 and implemented in 1990. For OVC, this document establishes their rights to protection, care, and identity as citizens of the country in which they were born. Children are any person under the age of eighteen. The United States and Somalia are the only two countries that have not ratified the document<sup>30</sup>.



## RECOMMENDATIONS FOR CREATING A RESOLUTION

Delegates should consider the problems that OVC 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 pandemic
- Protecting OVC from exploitation, abuse, and neglect
- Creating programs to assist OVC meet their basic needs, including food, water, education, emotional care, and protection

## SOURCES TO RESEARCH

- UN AIDS, [www.unaids.org](http://www.unaids.org)
- UNICEF, [www.unicef.org](http://www.unicef.org)
- UNA-USA Hero Program, [www.heroaction.org](http://www.heroaction.org)
- World Health Organization, [www.who.org](http://www.who.org)
- United Nations Educational, Social, and Cultural Organization, [www.unesco.org](http://www.unesco.org)

**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. Has your country signed CRC? If it has, how well has it been implemented?



## TERMS AND CONCEPTS

**Antiretroviral:** drugs specifically targeted to slow the progression of the HIV virus. They do not cure the disease but the right combination can slow the progression of the disease.

**Double Orphan:** a child who has lost both parents. Children who have lost only their mothers are called maternal orphans and children who have lost their fathers are paternal orphans.

**Child Soldier:** a soldier under eighteen years of age. These children are often recruited with offers of food and shelter, or are made soldiers by force. International law prohibits the use of children as soldiers in armed conflict.

**Convention on the Rights of the Child:** the UN document making the human rights guaranteed to children international law.

**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.

**HIV/AIDS Pandemic:** the worldwide spread of the HIV/AIDS virus. A pandemic is an epidemic— the infection of a large number of people—that has spread of a large region or even worldwide.

**Head of Household:** the person who is in charge of the household.

**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.

**Lusaka Declaration:** the document produced at a regional meeting in sub-Saharan Africa. It addresses the needs of families and children affected by the AIDS virus.



**Millennium Development Goals (MDGs):** eight goals that the United Nations member states agreed upon achieving by 2015; universal access to primary education is one of them.

**Non-Governmental Organization (NGO):** an organization that has been created separate from any 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.

**Opportunistic Infections:** infections, such as tuberculosis, that attack the body when the immune system is weakened by HIV/AIDS.

**Orphans and Vulnerable Children (OVC):** children whose living situations have left them at risk for exploitation and abuse. Many children are left orphaned or vulnerable because of the AIDS pandemic.

**Sexually Transmitted Disease (STD):** a disease that is primarily transmitted through sexual intercourse. **T-Cells:** immune cells that fight infect. The HIV virus attacks these cells, reducing the body's ability to fight infection.

**Stigma:** social disapproval or negative attitudes towards a person because of one or more of their characteristics, such as weight, gender, financial status, or health to serve or highly encouraged to enlist because they can offer food and shelter and a sense of belonging. International law prohibits the use of children as soldiers in armed conflict.

**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.



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- <sup>15</sup> [http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/ChildrenAffected/index.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/ChildrenAffected/index.html)
- <sup>16</sup> Giese, Sonja, Helen Meintjes, Rhian Croke, & Ross Chamberlain. Health and Social Services to Address the Needs
- <sup>17</sup> <http://www.cdc.gov/hiv/topics/basic/index.htm>
- <sup>18</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p13
- <sup>19</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p35
- <sup>20</sup> Africa’s Orphaned Generation. p15
- <sup>21</sup> The State of the World’s Children 2006: Excluded & Invisible. p40
- <sup>22</sup> The State of the World’s Children 2006: Excluded & Invisible. p47
- <sup>23</sup> The State of the World’s Children 2006: Excluded & Invisible. p39
- <sup>24</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p18
- <sup>25</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p18
- <sup>26</sup> The State of the World’s Children 2006: Excluded & Invisible. P40
- <sup>27</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p37
- <sup>28</sup> Africa’s Orphaned Generation. p20
- <sup>29</sup> Africa’s Orphaned Generation. p22
- <sup>30</sup> <http://www.ohchr.org/english/countries/ratification/11.htm>