At-A-Glance

India: AIDS and Orphans

**Current status and projections**

India is facing an accelerating threat from HIV, with some states such as Andhra Pradesh already experiencing a cross over into the general population from high-risk groups. By 2005, India may have more people infected with HIV than any other country in the world. Current estimates of the number of individuals infected range from four million to eight million, expected to rise to 15 million in the coming decade. HIV/AIDS greatly impacts the social fabric of Indian society, especially through the escalating AIDS related crises such as the unprecedented number of orphans being left with little or no adult protection and care. The number of children in India orphaned by AIDS is approaching two million, according to UN estimates.

**India – the new epicenter of the AIDS orphan crisis**

The HIV/AIDS pandemic’s evolution in sub-Saharan Africa is likely to be repeated in India. Numbers and projections in these African countries are being widely used as a guide to the progression of the pandemic in India. As a result of current numbers of people living with HIV/AIDS at the present sero-prevalence rate, India is expected to become the next epicenter of the AIDS orphaning crisis, raising concerns about preparedness for a scenario as dire as in sub-Saharan Africa.

**Children orphaned by AIDS**

The scope and complexity of challenges and threats to the well-being of orphaned children are staggering: Social exclusion and extreme economic uncertainty, illiteracy, malnutrition, illness, exploitation of their labor, and physical and sexual abuse. These risks are especially high for children orphaned by AIDS. They are often shunned by their communities, they are not protected under local laws, and may be denied their property rights and rights to inheritance. Those orphans who cannot be taken in by relatives or by their communities will become street children. These children have to fight to survive, they are at a greater risk to contract HIV; indeed, orphanhood is a factor in continuing the spread of HIV/AIDS. Young girls who are orphaned often turn to prostitution to survive, putting their lives in more danger.

**India’s AIDS orphans**

The impacts of the AIDS crisis have not begun to emerge fully in India, and AIDS-related orphaning is not yet occurring at a large scale. Yet, India has the largest number of AIDS orphans of any country in the world. This number is expected to more than double in five years, and the proportion of orphaned children will remain exceptionally high until 2020 or 2030. Given the long incubation period between infection and the onset of symptoms, the epidemic’s impact will linger for decades even if the rate of new infections is brought under control.

**Weakening social support institutions**

India is in the stage of the HIV/AIDS epidemic that many African countries were in a decade ago. In these countries, alarming set-backs are evident in several key indicators such as life expectancy, infant and maternal mortality rates, availability of skilled labor, child labor, school dropout rates, sexual exploitation of children and youth, agricultural and industrial production and the number of families in poverty. These adverse developments have resulted in enormous demographic pressures in many developing countries, decreasing prospects for healthy meaningful lives for millions of children. This is especially worrisome in a country like India where more than half of the population, about 600 million, is below the age of 24.
Principles and models of care
The number of children in India living with an HIV-positive currently is far greater than the number of children already orphaned. An increase in orphaning due to HIV/AIDS will not only raise the number of orphans, but will increase the difficulties of meeting the needs of these children. The numbers of double orphans will increase, raising the number of dependents in households fostering children without parents. Institutions will be put under greater pressure. The numbers of street children will increase. The evidence base for best practices in orphan care, at this juncture in the crisis, is limited. Intervention options vary given the socio-cultural and resource context of each country. In India, there is limited experience in terms of implementing care and support systems for orphans, particularly children orphaned by AIDS. Little is known about informal arrangements such as family or community based care. Institutional care is often relied upon for other reasons than orphaning, and the number of operational orphanages for temporary or short term care is limited. In Andhra Pradesh, for example, a state with 76 million people, there is one orphanage with capacity for 20 children.

Programming for orphans
The social costs of the AIDS pandemic are long-term and affect children disproportionately. Interventions must respond to the need for large-scale and long-term efforts that address both the direct and indirect impact on orphaned children. Recent guidelines developed by UNICEF focus on child-centered, family and community oriented, and human rights based guiding principles on care and support for children and adolescents affected by HIV/AIDS. Taking into account the diverse cultural and socio-economic settings in India, models of care would need to be modified accordingly. To this end, these guidelines would help to identify and target vulnerable communities, build national systems of care that support local coping, enhance organized community systems of care, strengthen information exchange and partnerships, and increase stakeholder participation in the care and protection of all vulnerable children.

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