Africa Region Human Development
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Social Protection of Africa's Orphans and Other Vulnerable Children

Issues and Good Practice
Program Options

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Foreword

The World Bank's recently published Africa Region Social Protection Strategy addresses the burden of social and economic shocks on the poor and underscores the importance of reducing their vulnerability. Unfortunately, the subcontinent is experiencing a dramatic increase in risk situations—both systemic and idiosyncratic. Of the many risks impacting adversely on Sub-Saharan Africa, the risk of orphanhood has assumed enormous visibility, largely due to AIDS and armed conflicts. Indeed, in some of the worst-affected countries, the incidence of orphanhood has soared from 2 percent to 17 percent since the first AIDS cases were reported. Coping with the risk of orphanhood poses immense problems for Sub Saharan Africa. Resources are limited, communities are being overwhelmed, and the realization of the International Development Goals is being threatened. Yet the contours of public action are unclear, due to limited knowledge of the magnitude of the problem and a lack of clarity on the effectiveness of interventions.

I welcome this study as a substantial contribution to our understanding of the problem of orphans and vulnerable children. The study pulls together available evidence on the dimensions of the problem, assesses the impact of the crisis on the educational and nutritional status of orphaned children, examines the pros and cons of alternative targeting instruments, and surveys the available literature on possible interventions. These include support to traditional community structures, which have thus far shouldered most of the burden; transfers or income-generating activities for households fostering orphans; interventions that lower the cost of raising orphans, especially their schooling and health care costs; and various institutional care arrangements. Most of these interventions are being implemented by nongovernmental agencies, the United Nations Children's Fund, and governments.

The evidence reviewed leads the authors to several important conclusions about program choice, targeting methods, and the nature of assistance. The authors also highlight the gaps in our knowledge, particularly with respect to the cost-effectiveness of interventions and the potential incentive effects of orphan care. In addition, the paper underscores the need for a coordinated effort by the Bank, other development partners, nongovernmental agencies, and communities. The challenge is to provide a nurturing and stable environment to orphans, avoiding stigma and preventing adverse educational and nutritional outcomes. The study rightly notes that there is no single "best practice" program that can guarantee such an environment. It is hoped, however, that this study will enhance policymakers' ability to offer effective social protection to the growing group of orphans and other vulnerable children in Sub-Saharan Africa.

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Executive Summary

AIDS and conflicts have orphaned millions of children on the African subcontinent. As a result, the problem of orphans and vulnerable children has reached catastrophic proportions in some countries. Given that the number of orphans is projected to treble over the next 10 years, it is tremendously important to address this problem and delineate the contours of public action.

True to the African tradition, the extended family and communities have risen to the occasion. For example, in Tanzania, grandparents are looking after 48 percent of orphans. In many countries, communities have shown remarkable resilience and creativity. The Uganda Women's Efforts to Save Orphans is a good example of how communities are mobilizing to meet the crisis. Nongovernmental organizations (NGOs), bilateral donors, and international organizations such as the United Nations Children's Fund (UNICEF) have also been active, often taking the lead in testing innovative solutions.

Nonetheless, serious strains on the traditional coping mechanisms are now evident. Although awareness of the plight of orphans is growing, no country has mounted the kind of response that is needed to match the severity of the crisis. The reasons include insufficient knowledge of the magnitude of the problem and the strength (or weaknesses) of existing coping strategies, lack of clarity on the advantages and disadvantages of possible interventions, limited capacity to implement interventions, and scarce resources. This paper aims to help fill the knowledge gap.

Before AIDS became rampant, approximately 2 percent of children in Africa were orphaned. That proportion has now reached 15–17 percent in some countries. The number of AIDS orphans, estimated at 12 million in 2000, is projected to increase to 35 million by 2010. In addition, the continent has a high number of orphans due to conflicts in as many as 16 countries, as well as numerous street children.

The impact of the orphan crisis is being felt in several areas. Preliminary evidence points to a worsening of educational outcomes and nutritional status of orphaned children. For example, recent cross-country data assembled by UNICEF show that children who have lost both parents are less likely to be in school than are non-orphans. Research in Tanzania has shown that maternal orphans and children in households with recent adult deaths have delayed primary school enrollment (Ainsworth, Beegle, and Koda 2000). The research also indicates that the loss of either parent and the deaths of other bread-winning adults will worsen the stunting of children. While firm quantitative evidence on "who is bearing the burden of orphans" is unavailable, a recent participatory assessment in Zambia has shown that the bulk of the burden is falling on relatively poor households.Public response to the crisis has been slow in coming, though in some countries governments are preparing enhanced social protection programs for orphans. In Zimbabwe, the government is coordinating the efforts of multiple actors; it has also planned special interventions for orphans with the help of the World Bank and other

donors. In Eritrea, the Bank is supporting a large-scale effort to assist orphans through the Eritrea Integrated Early Childhood Development Project. The Zambia Investment Fund has recently developed a program for children in difficult circumstances, including orphans. In Botswana, the National Orphan Programme was established in 1999 and is run in partnership with government departments, NGOs, community-based organizations, and the private sector. There are also many NGOs working with orphans, especially in Uganda and Burundi, where they have played a leading role in addressing the plight of orphans.

This paper reviews these and other initiatives of governments, NGOs, and the World Bank, with a view toward delineating good practices. Designing and implementing appropriate interventions to protect orphans in Africa is a daunting task. This paper examines some of the issues in program design, especially those bearing on targeting. It also assesses the advantages, disadvantages, and cost-effectiveness of various program interventions, including education and health subsidies, fostering, orphanages, and children's villages. The following conclusions emerge from the reviewed evidence.

- The numbers of orphans and other vulnerable children are so large already as to threaten the traditional coping mechanisms, strengthening the case for public intervention. However, interventions need to be carefully chosen to (a) address the specific risks faced by orphans in a given country environment, and (b) strengthen the existing community coping strategies, rather than supplant them.

- There appears to be no single "best practice" option applicable to all countries in all circumstances. Program choice, as much as the choice of the right targeting instrument, depends very much on country circumstances and the nature and intensity of the problem. For example, in countries like Benin, Gabon, Nigeria, and Togo, many vulnerable children have reportedly been bought and sold for their labor in neighboring countries. Providing care to these children, who in some cases have no ties to the country, let alone the community, requires a different approach than caring for orphaned children in regions where community structures are still strong and well in place.

- "Fostering" of orphans by relatives is more attuned to the African sociocultural milieu than most other options. This is also the option widely prevalent across much of Africa. Orphans are being looked after by the extended family or friends and relatives known to orphans. However, care needs to be taken that fostering does not lead to child abuse. In Sub-Saharan Africa, mistreatment appears to be confined largely to stigmatization and in some instances discrimination in food allocation, education, and workload. Wherever fostering is promoted, community or NGO oversight may be necessary.

- Fostering may also be a good option even in post-conflict situations. Finding close relatives of orphaned children who have lost their parents in conflict requires a program of tracing and reunification. However, the very conditions that make tracing and reunification necessary and attractive often make it difficult to realize desirable outcomes. For example, relatives, once located, may not be capable of fostering in a war-torn economy. The success of tracing and reunification efforts depends on how long they take, how much they cost, and how well orphans are treated afterward. Information on all these aspects is lacking for a large number of countries, making it difficult to generalize about the effectiveness of this intervention. Available evidence for Eritrea, however, suggests that while tracing and reunification may be expensive, the costs are still much lower than orphanage care.

- To promote fostering—under normal country conditions and in post-conflict situations—both direct subsidies (cash transfers) and indirect subsidies (such as education vouchers and food supplements) have a role to play. Indirect subsidies are preferable largely because they can be monitored easily to ensure that they benefit the orphan. Cash subsidies may be shared by all members of the family, and in some cases, may not benefit the orphan at all. Indirect subsidies

can work cost-effectively (with a minimum of leakage) only when they are strongly grounded in the community. A community-driven targeting approach seems to make a lot of sense for both identifying orphans and delivering the subsidies, but intermediation and oversight by religious groups and NGOs may sometimes be necessary, especially in villages divided strongly along ethnic lines.

- Income-generation schemes for fostering families are unlikely to be effective unless followed up with training and marketing support. Another necessary ingredient is charismatic leadership, as is found in Uganda's Women Efforts to Save Orphans. Moreover, even when successful, income-generation schemes must build in long-term incentives for families to care for orphans.

- Where orphans are numerous and community coping has reached its limits, the case for wider institutional innovations such as "children's villages" appears strong. Early evidence from Eritrea suggests that such interventions, though expensive, still work out to be cheaper than orphanages, and they are probably more culturally acceptable.

- Orphanages are expensive and should be the last resort, although evidence from Eritrea and Uganda does point to their effectiveness in providing care for orphans. Therefore, they cannot be ruled out, especially in urban settings. Even in rural settings, it is possible to convert the concept of orphanage to the African rural setting by locating "children's homes" right in the midst of the village, with significant community oversight. The challenge is to provide a nurturing and stable environment that avoids the potential stigma of an institutional upbringing. However, more evidence of cost-effectiveness needs to be gathered before large institutional interventions are planned for any country.

- The reviewed evidence highlights the enormity of Africa's orphan crisis and points to the inadequate and piecemeal nature of ongoing efforts to address the problem, the variety of interventions notwithstanding. It underscores the need for a coordinated response by the all involved, including governments, the World Bank, other development partners, NGOs, and communities.

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1

Introduction

The World Bank recently published the Africa Region Social Protection Strategy Paper, *Dynamic Risk Management and the Poor: Developing a Social Protection Strategy* (World Bank 2001b). The paper underscores the need to identify the major risks faced by the poor in Sub-Saharan Africa, given that (a) even under the most optimistic economic growth prospects, the number of the poor will remain large for the foreseeable future, (b) AIDS has reached devastating levels in many countries, and (c) conflicts in as many as 16 countries continue to cause immense distress and dislocation. Due to these and other factors, orphans and vulnerable children have emerged as a large, high-risk group. The traditional community coping mechanisms—Africa's mainstay—seem to be coming under severe stress in the wake of poverty, conflicts, AIDS, and natural disasters. Though the severity and the nature of the problem may differ across countries and between rural and urban settings, there is little doubt that the number of orphans and other vulnerable children has already reached catastrophic proportions in some countries.

Although awareness about the plight of orphans is growing, particularly in Eastern and Southern Africa, many governments have not yet acknowledged the potential of the problem and no country has mounted the kind of response that is needed. One reason is a lack of clarity on the magnitude of the problem, the precise nature of possible interventions, and the effectiveness of prevailing community coping strategies.

The purpose of this paper is to pull together the existing information on orphans and other vulnerable children in Africa. The paper traces the sources and extent of vulnerability, examines the prevailing community responses, and argues the case for a concerted public policy response. In the context of such public interventions, it discusses alternative approaches to targeting. Finally, it reviews the ongoing interventions and delineates some examples of good practices.

2

Children at Risk: Causes and Consequences

The possibility that an African child will find him- or herself in difficult circumstances is increasing rapidly as the number of risk situations in the region grows. Indeed, the very definition of at-risk children has undergone a radical transformation. In the past, vulnerable children comprised the internationally recognized categories of street children, children exposed to hazardous or strenuous labor, children involved in sexual or domestic trafficking, and children affected by armed conflict. The AIDS crisis, endemic warfare, and frequent migrations have now changed the nature of risks faced by children and swelled the numbers of those at risk. In addition, children in much of Africa today require protection from exposure to war; abduction; conscription; physical, sexual, and emotional abuse; psychosocial trauma; neglect; separation; abandonment; malnutrition; and poverty. Further compounding their risk, most vulnerable children lack access to basic social services and social protection.

In some countries, children are faced with a single large shock—for example, losing one or both parents to AIDS. In other countries, such idiosyncratic shock is often combined with a systemic shock—a drought, an adjustment-induced contraction in economic activity, sudden changes in macro policies, terms-of-trade shocks, or the sudden eruption of a conflict. Such risk compounding further endangers children: sudden loss of income from working adults often leads to child destitution or child labor.

The consequences of losing a parent differ among children: some live in families with only one surviving parent, some live with grandparents (exacerbating the poverty of the elderly on the continent), and some, with no support from any source whatsoever, are forced to eke out a living in the labor force or become street children. In 1996 in Kigali, Rwanda, an estimated one-third of the street children were orphans, and 60,000–85,000 households were headed by children, three-quarters of whom were girls (World Vision 1998).[1] In 95 percent of these households, the children had no access to health care or education, were frequently exploited and abused sexually, and were often denied inheritance rights of land and houses.[2] It is children in situations like these, being emotionally vulnerable and financially desperate, who are likely to end up being forced into exploitative situations, such as prostitution, as a means of survival.

Sources of vulnerability

AIDS. At the end of 1999, the global adult prevalence rate for HIV/AIDS was a little more than one percent; in Sub-Saharan Africa, it was almost nine percent. Of the 34 million people in the world living with AIDS, 24.5 million are African; and of the 13 million cumulative number of children orphaned by AIDS (defined as HIV negative children who have lost their mother or both parents to AIDS before the age of 15), 12 million are African.[3] The effects of this disease will be much greater in Sub-

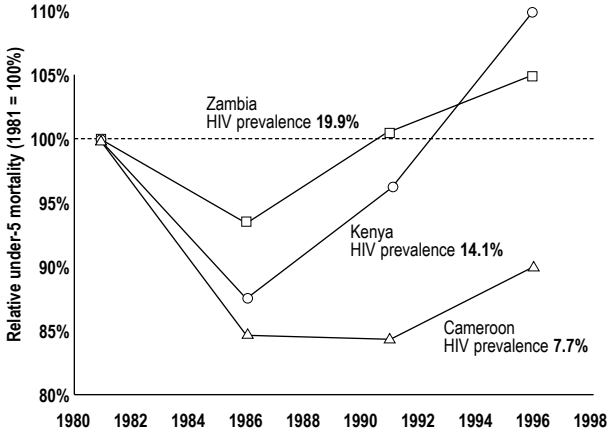
Saharan Africa than in other regions for a long time to come. Given the high prevalence rates in young women compounded by the fact that the majority of women in Sub-Saharan Africa have their first child before the age of 20, that there is a one in three chance that they will pass the virus onto their infants either in utero or through breastfeeding, and that they are the principle caretakers of children, it can be reasonably argued that all yet to be born children are at risk as well as those children whose parents, especially mothers, are currently infected or may be infected in the future.

Conflicts. AIDS orphans are not the only children at-risk. One-third of Sub-Saharan African countries are currently engaged in civil or border conflicts or are in post-conflict situations. In these countries, millions of young children are displaced when their parents go to war, are missing, or are killed. Some parents migrate to other countries, leaving their children behind. Recent evidence suggests that children in some poor, rural families are simply expelled early on for safety or economic reasons; they are sent to fend for themselves in nearby urban towns, where they eventually end up as street children. Thus, the problem has both a rural and an urban dimension.

The nature of risks

Whatever the cause, orphans and other vulnerable children face the heightened risk of malnutrition, mortality, morbidity, and psychosocial damage. Vulnerable children under the age of five in AIDS-affected areas face even more life-threatening risks. In some countries, there has been a dramatic increase in under-five mortality (see Figure 1). Approximately one-third of children born to sero-positive mothers will be infected with HIV either through childbirth or breast-feeding. The overwhelming majority of these infants will not live beyond two years. Abandonment of newborn infants in hospitals by HIV-positive women (observed and documented in Kenya, Lesotho, and Zimbabwe) is particularly devastating because many health care workers and potential foster families assume the children are HIV-positive, and they can go uncared for and unadopted.[4] There is anecdotal evidence that even unabandoned children of

Figure 1
Mortality among children under 5 years old in selected countries with high HIV rates



Note: HIV prevalence rate is among adults at end of 1999.

Source: Adapted from UNAIDS, Report on the global HIV/AIDS epidemic – June 2000, fig. a.

HIV-positive mothers are sometimes not treated by health care workers, despite the fact that the child's HIV status is not known. This is due to the myth that children are automatically infected by HIV-positive mothers. Health care workers would rather use scarce resources on children who they believe will have a chance of survival (Foster 1998).

Even children in households headed by immediate family members are often at risk of dropping out of school when parents are sick and dying, trapped in long-term poverty, or taking care of foster children, thereby stretching their already scarce resources. The same is true when children are in elder (grandparent)-headed households where the grandparent is incapacitated. Caregivers in situations like these often cannot meet the emotional or material needs of children. Furthermore, when someone in the family becomes ill and cannot contribute economically, the resulting income shock is magnified because the already dwindled resources must be reallocated to the care of the sick person. For example, studies in Côte d'Ivoire show that when a family member has AIDS, average income falls by 52 to 67 percent, while expenditures on health care quadruple (UNICEF 2000). In situations like these, children may be pulled out of school to save on both direct and indirect costs of tuition and uniforms and to help make up for lost family

income. In addition, the out-of-school child may be asked to take care of the ill. This burden of caring for sick relatives falls disproportionately on young girls, who already are underenrolled in many countries in Sub-Saharan Africa.

The extent of vulnerability faced by AIDS orphans depends on many factors: whether they have been infected themselves, whether they have relatives willing to foster them, whether these relatives have the means of caring for them, whether they are allowed to go to school, how they are treated within the home and community, what degree of psychosocial trauma they have suffered, what responsibilities they are left with, and so forth. Generally, children who lose their mothers suffer immense grief over the loss of love and nurturing that mothers typically give. Children who lose their fathers suffer especially from a decline in their standard of living, as the death of a father typically entails loss of income for the household.

Moreover, the psychosocial damage that an orphan endures starts even before the death. Young children are put under tremendous stress when they care for their sick parents and assume other family responsibilities. They can suffer from anxiety and depression as they watch a parent die. After the death, children can be further traumatized if they are separated from their siblings or if they find themselves head of the household overnight, responsible for their younger siblings. If they are fostered, many of them will continue to bear the social stigma of being an AIDS orphan, which often entails rejection from foster siblings, schoolmates, teachers, friends, and health centers.

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1. World Vision estimates that this number is now 45,000 because of fostering and reuniting with family members. In Rwanda in 1996, the estimated 45,000 to 60,000 child-headed households included approximately 300,000 children under the age of 18, with a typical household size of 3–8 children per household.

2. In fact, many laws prohibit widows or unmarried partners from inheriting land, livestock, and other items, ultimately denying both the mother and the child property that is rightfully theirs. In Rwanda, parental marital status has extraordinary implications for orphans. If the parents are not legally married and the father dies, the father's family may reject the children and their mother and take the father's home and property. The orphans will be bereft not only of their inheritance but of an extended family.

3. All figures are from UNAIDS unless otherwise noted.

4. For a report on the abandonment of newborn infants in Zimbabwe, see the *Washington Post*, September 12, 2000. Unlike the lucky child in the article who was eventually picked up for adoption, most infants die within hours after being abandoned.

3

The Magnitude of the Problem

First, some clarification of terminology is in order. Three definitions are used in the literature: *maternal orphans* are children under 15 years old whose mother has died; *paternal orphans* are children under 15 whose father has died; and *double orphans* are children under 15 who have lost both parents. Unfortunately, the statistics on orphans often reflect inconsistent definitions. Unless otherwise noted, this paper cites UNAIDS figures which count children who have been orphaned to date by either their mother or both parents. Included are orphans who have died and those now older than 15. This cutoff age of 15 is really no reflection of "vulnerability," as children who are slightly older may still be vulnerable.

AIDS orphans

For the region as a whole, it is difficult to estimate the total number of orphans from all causes (AIDS, other diseases, armed conflict, accidental deaths, and so forth). However, we have some estimates for AIDS orphans—by far the largest group. The estimates differ depending on the method and definition used by the organization.[1] In general, current estimates and projections of orphans are based on a number of known and assumed parameters: the age pattern of HIV/AIDS infections for women (divided into urban and rural rates if a significant difference is found), the age pattern of fertility (for HIV-positive and -negative women), the perinatal transmission rate, the average survival time after infection, the mortality rate for those under 15 (for orphans and non-orphans), the mortality rates for adults from other causes, and the population distribution by age and sex. For some of these, boundaries are known: perinatal transmission rates range from 30 to 40 percent, and the average survival time of adults is close to 10 years from infection. What is not known in general is the mortality rate of orphans or the exact impact of HIV/AIDS on fertility. Even if these were known, projections would not be completely trustworthy because of the uncertainty surrounding the reliability and uneven coverage of data and the impossibility of predicting the future course of a disease that is preventable and that ultimately depends upon altering human behavior.

According to the United Nations Children's Fund (UNICEF 2000), before AIDS became widespread, approximately two percent of children in developing countries were orphaned. Today the proportion has reached 15–17 percent in some countries (see Table 1). In almost all of Africa, the dependency ratio is already close to or above one, meaning that for every potential worker between 15 and 64 years old, there is close to or more than one dependent. Given that the epidemic is continuing to grow and that HIV/AIDS affects people in their most productive years, the number of orphans is expected to increase while the number of healthy adults able to care for them decreases, making the dependency ratio even higher and further burdening extended families.

Table 1
AIDS orphans and the dependency ratio in selected countries

Country	AIDS orphans, 2000: Estimated number	AIDS orphans, 2000: Percentage of total population aged 0–14	Age dependency ratio,[a] 1998
Botswana	66,000	10	.82
Burundi	230,000	7	.94
Côte d'Ivoire	420,000	6	.87
Kenya	730,000	6	.90
Namibia	67,000	9	.84
Uganda	1,700,000	15	4.0
Zambia	650,000	15	3.0
Zimbabwe	900,000	17	.80

Sources: UNAIDS (2000); World Bank (2000b).

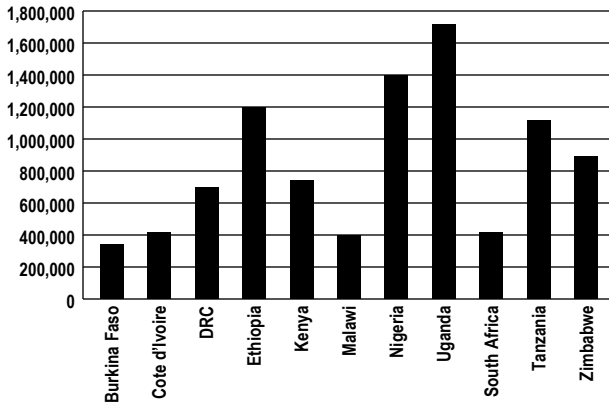
[a]The age dependency ratio is calculated as the ratio of dependents—the population under age 15 and above age 65—to the working-age population—those aged 15–64.

As mentioned earlier, recent estimates for the region as a whole placed the number of cumulative AIDS-orphaned children (maternal and double) at 12 million as of January 2000 (USAID 2000). By the year 2010, USAID estimates that there will be 35 million AIDS orphans in Sub-Saharan Africa, almost triple the number today. For some countries, recent direct estimates, demographic surveys, and living standard monitoring surveys present a grim picture of the magnitude of the problem (see Figure 2). A recent DHS survey estimates that every fourth family in Uganda is hosting an orphan. The total number of such orphans in that country is estimated to be between 1.4 million and 1.7 million, a very high number compared to its total population of 21 million.[2] However, demographic and household studies often look at households at one moment in time and thus fail to capture troubled households that have since disintegrated, making the number probably even higher than currently reported.

Projections of orphans are alarming (see Figure 3). In Zambia, 13–15 percent of all children in the age group 0–18 are orphans;[3] this number is projected to increase from 650,000 to 1,700,000 by 2010.[4] Of all reported current orphans, 78% are a result of the HIV epidemic. In addition, street children are estimated to be around 76,000. In Kenya, the proportion of orphans to total child population was 6 percent or 730,000; this number is expected to increase to 16.5 percent or 2.2 million in 2010. And in Zimbabwe, orphans were estimated to be 900,000 in 2000, or 17 percent of all children. This number is projected to increase to 1.5 million or 25 percent of the child population by 2010. If paternal orphans were also included, the proportion of orphans would be even higher at 33 percent.[5]

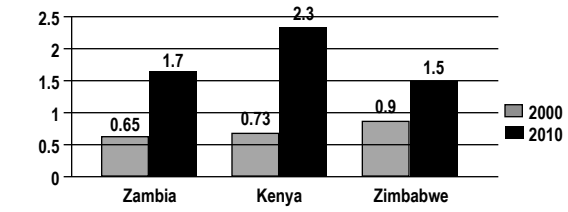
Even in a small country such as Eritrea, there are at least 90,000 orphans who have lost their parents either in conflict or due to AIDS. Many countries, such as Côte d'Ivoire and Nigeria, have not yet reached the peak of the epidemic, and more and

Figure 2
Cumulative number of AIDS orphans in selected countries, 1999



Source: UNAIDS (2000b).

Figure 3
Current estimates and projections of AIDS orphans in selected countries



Source: World Bank (2000b).

more people are becoming infected. In 2000, 3.8 million adults and children in Africa contracted the virus.

Other vulnerable children

In addition to AIDS orphans, Sub-Saharan Africa has significant numbers of other vulnerable children. These include children orphaned from armed conflict and other causes, children whose parents are sick and dying of AIDS, child slaves, and street children. To these must be added children living in abject poverty, who are often vulnerable to abuse and exploitative labor.

Child labor. Reliable data on child labor is unavailable for any country for four main reasons. First, the definition of child labor is nebulous and varies from culture to culture.[6] Second, many children are engaged in seasonal work in agriculture. Therefore depending on the time or season when studies on child labor are conducted, the numbers may be over- or underestimated. Third, a gender bias exists; even though girls work longer hours than boys, much of their work is not seen as child labor but rather as housework. Last, statistics on child labor in the urban formal sector are likely to be underestimates since so much of child labor in urban areas is informal and not wage-based.

From the available information, it appears that Africa has a higher proportion of child labor than any other region, with 41 percent of children below the age of 14 in the labor force (or over 80 million children). Indeed, the proportion of child labor in Africa is almost twice the Asian rate. The most extensive market for child labor in Sub-Saharan Africa is for domestic services.[7] If one-third of the urban households in the region had a child domestic servant (as is the case in Lomé), and if we assumed an average household size of five, we would find around 13 million child domestic servants, mostly girls, in African cities. More often than not, these girls are paid extremely low wages, are made to work extremely long hours, and are subject to physical and sexual harassment.

Street children. Street children typically survive by begging or performing petty service and sales activities. The actual number of street children has never been counted, but estimates are around one million children in Sub-Saharan Africa, with the highest rates in post-conflict countries where poverty, war, and family disintegration are most common. The majority of street children appear to be boys, as girls seem to have more marketable skills (notably, domestic skills) at a younger age. Rather than compete for domestic jobs, boys often try to earn a living off the street.

Child soldiers. The Coalition to Stop the Use of Child Soldiers believes that there are currently more than 120,000 children under the age of 18 participating in armed conflicts across Africa, some no more than seven or eight years of age. Recently, the countries most affected by this problem have been Angola, Burundi, Congo, the Democratic Republic of Congo (DRC), Ethiopia, Liberia, Rwanda, Sierra Leone, Sudan and Uganda.[8] Many are former street children who left their home in wartime, afraid of being killed or impoverished by the theft or destruction of family assets and crops. Young boys often see the military as a family-like structure, a steady source of food, and perhaps safer than being a civilian during wartime. However, not all young conscripts enter the military voluntarily. In other countries like Angola, Sudan, and Uganda, many boys are abducted into the military to fight, while young girls are captured to be domestic and sexual slaves. UNICEF estimates that more than 10,000 children have been abducted just by Uganda's Lord's Resistance Army based in southern Sudan.[9]

Implications

It is clear that millions of African children are living in extremely difficult circumstances (see Table 2). Of these vulnerable children, AIDS orphans are becoming an increasingly visible and large group. Across countries, the absolute numbers may vary, but the proportion of children at risk is high enough to warrant immediate public action.

Table 2
Estimates of vulnerable children in selected countries

Country	Orphans	Children living in situations of acute distress	Economically active children aged 10–14 (1995)	Child-headed households	Children in foster care	Children in orphanages or centers
Burundi[a]	230,000	400,000	49%	20,500	—	—
Eritrea[b]	90,000	—	—	3,002	—	—
Rwanda[c]	400,000	700,000	—	45,000	200,000	5,000
Sudan[d]	46,081	—	—	—	2,572	—
Uganda[e]	1,700,000	—	45%	—	—	1,300

— Not available.

[a]For Burundi, the number of orphans is the number of AIDS orphans only (UNAIDS 2000). The number of children living in distress comes from UNICEF estimates for 1997. The number of child-headed households is the number of unaccompanied children, 60% of whom are believed to be orphans.

[b]For Eritrea, the number of child-headed household is actually the number of street children.

[c]For Rwanda, the number of orphans is the estimated number of all orphans, regardless of cause. The number of children living in distress is taken from UNICEF Progress Report, No. 5, 1998. The number of child-headed households is taken from World Vision: Qualitative Assessment of Child-Headed Households, 1998.

[d]According to Pan African News Agency, out of 46,081 orphans who were registered between 1993 and 1997, only 2,572 had found foster families, representing about 5 percent of the total (PANA, 30 Nov. 1997).

[e]For Uganda, the number of orphans is the number of AIDS orphans only (UNAIDS 2000b). The number of children reunited with their family was from 1989-1998. Less than five percent of children taken in by fostering families were taken in by child-headed households, although this number is growing. Exact number of child-headed households is not known.

1. For example, for annual prevalence rates, some organizations like the U.S. Census Bureau refer to adults aged 15 to 49, while other agencies like the World Bank, the United Nations, and the Population Council refer to all adults over the age of 15.

2. Different sources cite different numbers; the lower and upper bounds are given here.

3. Zambia Participatory Rural Assessment (1999) lists 13%, UNAIDS 15%.

4. Zambia Participatory Rural Assessment (1999).

5. World Bank 2000a.

6. The International Labour Organization emphasizes the term "harmful and exploitative" child labor. While poverty creates pressure on children to work, it may be useful to distinguish such labor from the most deleterious forms of work.

7. In some West African countries, the demand for domestic services by children is so high that it often leads to child trafficking.

8. http://www.child-soldiers.org

9. Associated Press, Rebels abduct children from northern Uganda, February 25, 2001.

4

The Impact of the Orphan Crisis on Families and Communities

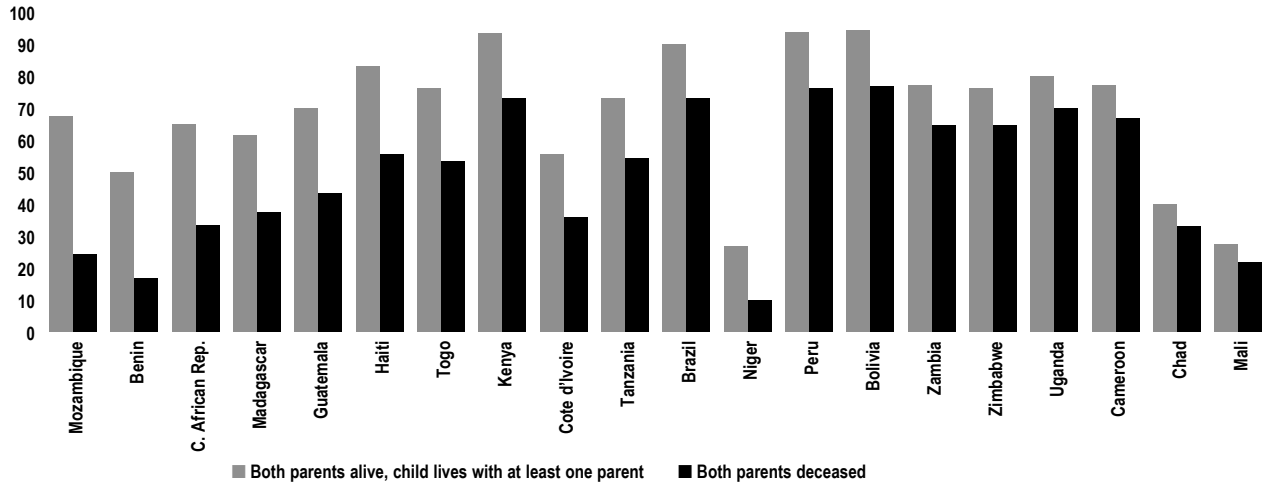
Links to poverty reduction. The AIDS orphan crisis in Africa has far-reaching social and economic costs. It is not only the children themselves who are affected, but also households and society at large. Although extended families are currently taking upon themselves the task of rearing orphans, rigorous evidence is lacking on the distribution of the burden of orphans by income/expenditure class. However, some recent research, though not based on a random sample, suggests that the bulk of the burden is falling on some of the poorest families. For example, the Zambia Participatory Assessment Group (1999) assessed the wealth/poverty status of households keeping orphans. It found that over 70 percent of households keeping orphans belonged to the "very poor" category, whereas only about 10 percent of orphans were in "rich" households. In Uganda, the highest number of orphans per household is found among widow-headed households, which are economically and socially disadvantaged. While there is a need to generate rigorous quantitative evidence for a larger number of countries, any program intervention that helps support orphans is most likely to be a poverty-reducing intervention.

Economic hardship and adverse effects on education

In assessing the impact of HIV/AIDS on the lives of children, both the short and long-term economic and social costs on local and national economies and the society at large are important. In the short-term, households suffer from a reduction in income when the infected become ill. Surviving adults may also have to reduce their labor time in agriculture or the formal or informal sector in order to care for the ill or additional dependent children, resulting in a greater drop in income. Any loss of income may lead to children being pulled from school as priorities change. Even if children stay in school, the drop in household income may result in a worsening of their diet, and inadequate nutrition may impede their ability to learn. In both the short and the long-term, many children will lose out on educational opportunities that could make them more literate and more productive over their lifetimes, leading to a host of negative externalities.[1] In the long-term, countries will suffer a reduction in productive human capital resulting from a poorly educated population.

Recent data assembled by UNICEF shows that school enrollment rates are lower for double-orphaned children than for non-orphans in every country for which data are available (see Figure 4). These are country-level averages and so may not shed light on household coping strategies when an adult death occurs. However, careful research using household-level data does point to potential slippage in education for orphans. For example, Ainsworth, Beegle, and Koda (2000) found that in Tanzania, maternal orphans and children in households with recent adult deaths have delayed primary enrollment (first-time enrollment in the first

Figure 4
Orphaned and unorphaned children in school in selected countries



Note: Countries are shown in decreasing order of disparity between children whose parents are living and orphaned children.
Source: DHS, UNICEF, 1994–1999. http://www.unicef.org/pon00/out of.htm

standard). Although delaying the first year of primary school may not necessarily lead to dropouts, in general, children who enroll well past the standard enrollment age have higher dropout rates. It is too early to know if dropout rates of children affected by AIDS will follow the same pattern, but it is likely since many of the potential reasons for dropping out (poverty, high indirect costs, change in priorities) will be the same.

Recent data collected by UNICEF on over 10,000 children in Burundi confirm that a significantly lower percentage of children with both parents deceased are in school, compared with children with both parents alive (see Table 3). The research also confirms that maternal orphans are at a significantly higher risk of not being in school than paternal orphans. Moreover, orphaned girls seem to be more disadvantaged than orphaned boys. Thus, available analytical and empirical work supports the proposition that to preserve Africa's human capital assets for the future, the greatest single challenge by far is to provide adequate social protection to orphans and other children at risk.

Health costs

Research in Tanzania also shows that the loss of either parent and the deaths of other adults in the household will worsen height for age and raise stunting of children. Controlling for recent deaths, both maternal and paternal orphans are substantially more likely to be short for their age than non-orphans. In non-poor families, the loss of a parent raises stunting to levels found among poor children with living parents; in poor families, orphanhood

Table 3
Percentage of children aged 7–13 who attend school, by survival of parents, Burundi, 2000

Survival status of parents	Sex		Age		Total
	Male	Female	7–9 years	10–13 years	
Both parents alive	53.3	45.8	40.4	57.0	49.5
One or both parents deceased	42.4	37.3	29.2	47.1	39.8
Mother deceased	33.6	30.2	20.8	38.6	31.7
Father deceased	47.6	40.4	32.7	52.5	44.0
Both parents deceased	33.0	35.4	24.6	39.0	34.1
All children	50.5	43.7	37.8	54.3	47.0

Source: Enquête Nationale d'Evaluation des Conditions de vie de l'Enfant et de la Femme au Burundi, Institut de Statistiques et d'Etudes Economiques du Burundi et Unicef, 2000.

raises stunting even higher (Ainsworth and Semali 2000).

The latest UNICEF data for Burundi shows that a higher percentage of double orphans and maternal orphans are malnourished, compared with children with both parents alive (see Table 4). These children will never develop to their full physical and intellectual capacity—a tragic loss for the children and of what they would have contributed to the country.

Much research has been conducted on children who have been orphaned or have undergone other types of trauma (i.e., war or conflict). They often exhibit physical symptoms such as hysteria, crying, insomnia, nervousness, and a general emotional imbalance marked by anxiety, depression, and grief. Abandonment or separation from parents can lead to similar responses. Children can be abandoned for any number of reasons, including orphanhood, child trafficking, rejection because of handicaps, and extreme poverty. Children whose parents disappear without explanation are typically fearful and suffer from a sense of insecurity. Even more serious psychological damage occurs in children who have watched their parents being abducted.[2] The long-term damage to children who have been orphaned multiple times by both parents, grandparents, and foster parents may be just as serious or worse, especially when the children are nursing the ill until their deaths.

Social ramifications

Moreover, there are long-term costs to society. While most social protection programs typically focus on younger children who are thought to be most vulnerable, orphaned or vulnerable adolescents who become alienated from their communities may resort to crime or drug and alcohol abuse. The numbers of street children and harmful forms of child labor and sexual trafficking may also increase. Being in a war zone for long periods of time creates feelings of helplessness and undermines a child's trust in others. Children get used to violence and destruction. According to UNICEF, instilling moral values in children in a beleaguered society can be exceptionally difficult when opposing values such as fighting and lack of respect for others are so common. Left to themselves without any community restraints, these orphans and other vulnerable children could potentially destabilize

Table 4
Malnutrition (weight/age) among children 5 and under, by survival of parents, Burundi, 2000

Survey conditions	Parental status	Number of children surveyed	Percentage of children malnourished			
					Displaced household	
			Males	Females	Yes	No
> 2 standard deviation	Both parents alive	687	30.6	32.9	33.5	31.7
	One or both parents deceased	65	42.7	21.8	29.6	32.3
	Mother deceased	14	61.5	23.1	50.0	35.1
	Father deceased	50	40.0	21.3	27.3	31.5
	Both parents deceased	1	40.0	25.0	33.3	33.3
>3 standard deviation	Both parents alive	647	12.4	13.0	8.0	13.1
	One or both parents deceased	69	14.6	23.6	11.1	20.4
	Mother deceased	17	23.1	38.5	50.0	32.4
	Father deceased	47	12.9	20.0	9.1	17.5
	Both parents deceased	5	20.0	0.0	0.0	16.7

Source: Enquête Nationale d'Evaluation des Conditions de vie de l'Enfant et de la Femme au Burundi, Institut de Statistiques et d'Etudes Economiques du Burundi et Unicef, 2000.

the society in the future. Africa could see severe erosion of its human capital, greater lawlessness, and an increase in the costs of policing and administration of the justice system.

1. For example, the schooling of girls alters their later behavior, reducing fertility and infant and child mortality rates, improving household health by influencing nutritional and health care practices, and improving their children's school performance. Thus, depriving orphaned girls of education not only affects their generation but future generations as well.

2.For more details, see UNICEF (1986).

5

Private, Public, and International Responses

Given the adverse effects on children, communities, and the broader society, addressing the needs of orphaned children is to be regarded as an essential investment for African countries' economic well-being and future political stability, rather than as a "consumption" or "transfer" or "subsidy" type of expenditure. Public intervention has the potential to generate significant externalities in addition to protecting vulnerable children. However, the role of publicly funded or donor initiatives is best assessed against the backdrop of private and community responses to the problem.

Private responses

How is the orphan crisis currently being handled? True to the African tradition, it appears that families and communities are largely absorbing the problem. Table 5 summarizes available information from diverse sources for three countries.

In many countries, the extended family—especially grandparents—are the chief caregivers of orphans[1] (see Subbarao 1998). In other countries, churches and nongovernmental organizations (NGOs) are also playing an important role in protecting orphans. In Malawi, the NGO Community-based Options for Protection and Empowerment (COPE) was set up in 1995 to deal with the crisis of orphans; its activities are slowly spreading throughout the country. In Zambia, about 40 NGOs are currently operating programs for orphans, street children, and other children in need. Church-sponsored orphanages are operating in Kenya and Zimbabwe, but their outreach is extremely limited. In North Africa, several mosque-sponsored institutions protect orphans. In several countries, two prominent NGOs, WorldVision and Save the Children, are actively engaged in orphan protection programs. UNICEF has entered into agreement with NGOs and community organizations in some countries to deal with the crisis. For example, in Zambia, under the auspices of UNICEF, NGOs working in the area of child welfare have come together to form the Children In Need Network

Table 5
Who is caring for the orphans?

Country	Population covered	Caregivers
Kenya (1999)	35,000 orphans	64 registered institutions 164 unregistered institutions relatives (proportions not available)
Rural Tanzania (1999)	297 rural orphans in Mawenzi Regional Hospital	43% grandparents 27% surviving parent 15% extended family 10% older orphan 5% community
Zambia (1996)	National survey	38% grandparents 55% extended family 1% older orphan 6% non-relative

Source: Lusk, Huggman, and O'Gara (2000).

(CHIN). This organization is now providing support to registered NGOs working with vulnerable children.

While private and community responses to children in need have been widespread and commendable, recent evidence suggests that the society and the community are unable to cope with the growing magnitude of the crisis. It is not at all clear whether orphans are receiving the same degree of care that children receive from their biological parents. Orphans in focus-group interviews have reported discrimination in food allocation within the household. One orphan summarized the situation by saying that they do not mind not having enough food or clothing but are bothered by the fact that they are regarded differently by the rest of the family (Ayieko 1998) A situation analysis conducted in Zambia reported that orphans identified three aspects of their care as significant problems: lack of love, outright discrimination, and the feeling of being excluded (Zambia Participatory Assessment Group 1999). These findings not only point to the kind of risks faced by orphaned children, but also underline some of the problems associated with the care given by foster parents or communities. Clearly, the traditional and time-honored support system—namely, the extended family—is being pushed to a breaking point in the most seriously affected communities.

Public responses

The need for public response. Traditionally, the care of orphans has been arranged through private safety nets: paternal orphans typically remain with their mother, and maternal or double orphans are absorbed within the extended family of the deceased. However, because HIV/AIDS is sexually transmitted (unlike most deadly diseases in Africa, such as malaria and onchocerciasis), it is highly probable that children who lose one parent will also lose the other, further burdening the extended family.

The literature on public economics suggests that public intervention is appropriate where there is a market failure or the case for redistributive intervention is strong. The argument for intervention on behalf of orphans appears justified on both grounds of market failure and redistribution. In the case of orphans, the inability of families and communities to cope is analogous to market failure. As already noted, the monetary and opportunity costs of tending the dying and raising their children can severely burden caregivers, especially elderly relatives who can no longer work. Extended families may disintegrate under the strain; further, there is a strong possibility of discrimination against orphans within families and communities. If familial or community arrangements cannot be carried out for whatever reason, the care of orphaned children lies outside the market and has the potential to become a massive social problem in many countries. Moreover, to the extent that orphans are concentrated among very poor families, intervention is justified on redistributive grounds as well.

Examples of public response. The government of Zimbabwe, with help from the International Development Association (IDA), is preparing an enhanced social protection program (ESPP) that aims to reach vulnerable children in multiple ways. One of the components is the Basic Education Assistance Module (BEAM), which will target potential dropouts identified by communities (see Box 1). Another component will provide small grants to community groups working with vulnerable children. The grants may be used for a variety of purposes, including support for informal safety nets, nutrition and growth monitoring, home-based care for people with AIDS (to ease children's responsibilities), and Early Childhood Development training and equipment. The grants will require a community contribution in recognition of existing community efforts and to ensure that public funding has maximum impact by leveraging existing community initiatives rather than displacing them. There will also be a provision for continuing funding for multiple years, in recognition of the long-term challenge posed by vulnerable children and orphans. This grant component will initially be a pilot monitored and evaluated in 10 districts, with the potential to be scaled up nationally as soon as feasible.

In Botswana, the National Orphan Programme was established in April 1999 and is run in partnership with government departments, NGOs, community-based organizations (CBOs), and the

Box 1
BEAM Module in Zimbabwe's Social Protection Project

In 2001, the government of Zimbabwe launched the Basic Education Assistance Module, a program of targeted fee and levy waivers aiming to reduce the number of needy children dropping out of school or not attending due to economic hardships. The program combines the principles of hard budget constraints and targeting at the district, school, and individual levels to ensure that scarce resources reach the neediest beneficiaries without the accumulation of arrears. A local School Selection Committee, comprised of members with some knowledge of the socioeconomic realities of the community, is in charge of identifying the most deserving children for assistance. While members of the Committee have flexibility in selecting beneficiaries, guidelines provided to them indicate that orphanhood should be an important criterion. A system of monitoring and evaluation with periodic participatory assessments has been put in place to ensure that the program reaches the poorest, and to reorient it if necessary.

The program covers about 426,000 children nationwide at the primary and secondary levels, at an annual estimated cost of $6.8 million (about $16 per covered student). Since enrollment differentials between the poor and nonpoor are wider at the secondary levels, where fees are generally higher, coverage is distributed so that about 6.5 percent of current primary enrollees and 34.5 percent of current secondary enrollees receive assistance.

private sector. Its objectives include developing policies; building and strengthening institutional capacity; providing social welfare services; supporting community-based initiatives; and monitoring and evaluating activities. The program is responsible for coordinating the registration of orphan data through a national database; identifying and addressing the needs of foster children and foster parents; training community volunteers in basic childcare; providing HIV/AIDS counseling; and reviewing and developing government child protection policies.

In Malawi, the government set up the National Orphan Task Force in 1991. This task force is made up of representatives from the Ministry of Gender, Youth and Community Services; the National AIDS Control Programme; NGOs; religious organizations; and UNICEF and is responsible for planning, monitoring, and revising all programs on orphan care (see Box 2).

International responses

Sectorwide approaches. Many multilateral and bilateral organizations and NGOs support work with orphans. Some are providing financial assistance to local organizations; some are directly involved with operations; and some are working on a large scale in more than one country. Coordinating all the key players is extremely important in order to avoid duplication of efforts.

Rwanda is one country that has used what could be called a sectorwide approach by coordinating all of the programs affecting unaccompanied minors. Organizations have responsibility for those areas for which they are best suited. Hence, the World Food Programme provides food assistance to care

Box 2
Malawi's National Orphan Care Guidelines

In 1991, Malawi's National Orphan Task Force developed the following guidelines for programs that serve orphans. The first line of approach must be community-based programs.

- Foster care will be expanded as the second most preferred type of care.
- Institutional care should be the last resort, though temporary care may be required for children awaiting placement.
- Hospitals must record next of kin for tracing relatives in case of death.
- NGOs are encouraged to set up programs of community-based care in consultation with the government.
- The government will publicize and protect the property rights of orphans.
- The government will encourage donor support to help orphan programs.

Source: UNICEF (2000).

institutions; UNICEF has managed the provision of therapeutic food and, in collaboration with the International Committee of the Red Cross (ICRC), has developed a photo tracing program for very young children; the Office of the United Nations High Commissioner for Refugees concentrates on paying the salaries of the staff involved in the family tracing programs; Save the Children cares for children placed in extended families and promotes domestic reunification; and the ICRC cares for children placed in centers and promotes reunification across borders.

Donor responses and the role of international assistance. Donor responses, including the World Bank's, have thus far been piecemeal. Although the Bank has highlighted the issues of AIDS and its mitigation, the protection of orphans has received much less attention. In fact, other donor agencies, such as UNICEF and the U.S. Agency for International Development, have taken a lead in addressing the issue, albeit in only a few countries in eastern and southern Africa. A major effort to help orphans and other children at risk needs a coordinated effort by the Bank and other donors.

The Bank's own experience focusing on vulnerable children is limited to a few projects using social funds. However, the Bank is increasingly moving toward programmatic lending. Within this framework, scope exists for expanding operations that target orphans and vulnerable children in multisector projects such as multi-country HIV/AIDS programs (MAPs) and community-driven development projects. Where possible, some self-standing operations may also become feasible.

The World Bank has recently acquired operational experience with programs aimed at children and communities. For example, the Uganda Nutrition/Early Childhood Development Project, supported by an IDA credit approved in 1998, is a community-based child development program with a component that deals primarily with caring for young children. Support for this component is channeled through an "innovation grant" given to community based organizations and women's groups to assist orphans who cannot be cared for by the nearest relatives.

Another Bank initiative, the Eritrea Integrated Early Childhood Development Project includes a large component to assist post-conflict and AIDS orphans (about $12 million out of the project total of $49 million). Implemented by the Ministry of Labor and Human Welfare, the funds directly assist 32,000 orphans through the family reintegration program and group homes. The IDA credit, which was approved in July 2000, is a continuation of a government program that has successfully assisted 17,000 orphans in the last six years.

A third example is the Early Childhood Development & HIV/AIDS: Helping Communities to Care for Young Children in Vulnerable Circumstances project being piloted in Rwanda. This project will develop prototype tools and resources for caregivers and others who work with young children affected by HIV/AIDS, to help them ensure the healthy growth and development of thesechildren orphaned by AIDS and/or otherwise made vulnerable.

Most recently, the Bank has begun preparing a MAP operation which will include support for orphans in Burundi—a country where a massive generation of orphans is emerging because of the triple crisis of HIV/AIDS, tropical disease, and violent conflict across the central African region. The operation will support subsidies for primary education, skills training, and nutrition support.

The World Bank also has considerable experience in implementing Social Funds. The most recent thinking ties social funds to the process of establishing a stronger system of local government, whether there is a formally approved decentralization policy (as in Eritrea) or not (as in Zambia). The range of activities covered by the Bank's Social Investment Fund has, therefore, been expanded from the traditional construction of social infrastructure, mainly in rural areas, to a larger menu of both hardware and software projects that are implemented in full collaboration with local government authorities and gradually handed over to them. The software menu includes technical and vocational training; capacity-building of community leaders to strengthen their role as active partners of local government; and support to traditional community-based safety nets with a special focus on children, women, the elderly, and groups affected by AIDS.

The Zambia Social Investment Fund (ZAMSIF) has recently developed a Children in Difficult Circumstances module that is offered to each commu-

nity as part of the outreach process. Trained community leaders guide the community in understanding the special issues related to child protection, identifying what is already being done at the community level, and assessing its sufficiency. If the community decides that additional resources are needed or that a new process should be started from scratch, it can request resources to finance a specific project targeting children. Training is also offered to make sure that the implementation is efficient.

A similar option, though much less advanced and not yet utilized, is available in the Zimbabwe Social Fund (CAP). And Malawi's Social Action Fund Project recently introduced Sponsored Sub-Projects, making it possible to support, among other things, the NGO Friends of Orphans Community Care Centers, which houses orphans while they try to get communities to care for them, trains caregivers in raising orphans, and sets up community gardens to promote food security for these households.

The World Bank is in a position to leverage the expansion of NGOs and faith-based organizations while helping to mobilize resources from other multilateral agencies, bilateral agencies, and the corporate world, including commercial banks. For example, the Bank's involvement might help leverage IDA funds with corporate donations, as well as attract private sector skills in management, communications, and logistics. Commercial banks can play a role in two ways: (a) they can co-finance a part of operations, and (b) they can help subcontract financial disbursements to community groups and NGOs. As an example of corporate involvement, the Bill and Melinda Gates Foundation announced in June 2001 that they would commit $100 million to the Global Fund for AIDS and Health. These grants will focus on the development of AIDS vaccines and microbicides for women, prevention/protection, and orphans. Pharmaceutical companies like Bristol-Meyers Squibb are trying to strengthen NGOs and community-based organizations by providing funding to help them better serve women and children with AIDS. Orphan and home-based care will be priorities for their grants to CBOs.

Most importantly, interventions floated by international organizations including the World Bank should be delineated against the backdrop of community efforts, government actions, and other donor initiatives. The reasons for this are twofold. First, the crisis is so vast in magnitude that financial support by a single institution like the Bank would not be adequate. Second, it is important that donor-driven programs supplement, rather than replace, viable existing community programs like the Uganda Women's Efforts to Save Orphans (see Box 3). To achieve this end, donors need to coordinate their efforts and work together with communities. A good strategy for the World Bank would be to solicit cooperation with UNICEF, USAID, NGOs, and others already active in some countries. IDA resources need to be leveraged to attract multilateral and bilateral agencies and, more importantly,

Box 3
The UWESO Model in Uganda: A Community-Based Approach

Uganda Women's Efforts to Save Orphans (UWESO) is an NGO designed to support orphans through a community-based approach. With an emphasis on self-reliance in the communities, the NGO supports primary education and medical care for orphans, provides direct transfers of food and clothing, and organizes self-help activities (training in child care and community organization). It engages both in projects to raise income for orphans and in income-generating projects for families living with orphans, such as tailoring workshops, cattle breeding, goat rearing, saloon services, and a canteen. Complemented by a nursery school, a clinic, and a farm, a children's village has also been set up to host orphans under the care of foster parents.

UWESO has espoused a strategy of community care in which orphans live in their traditional community, with the traditional structures in society creating sustainability. Through intensive social mobilization, communities identify the most needy families, often those taking care of more than five orphans. The project has had an impact on more than 10,000 households, raising income at the household level, increasing the nutritional status of orphans, and improving houses and shelters in the community. Given the broad-based care, the project is reasonably cost-effective: for example, annual costs per child are $35 for primary schooling, $45 for vocational training, and $75 for secondary schooling.

Source: UWESO (2000).

the private sector and philanthropic foundations. Funds released from the Heavily Indebted Poor Countries Initiative (HIPC) and other funds from Poverty Reduction Strategy operations (in the context of PRSPs) could be leveraged with the entry of Bank into operations.

What specific interventions would be helpful in protecting orphans and vulnerable children? What has been the experience thus far? The next section is devoted to these issues.

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1. For more information, see Namibia's Social Safety Net: Issues and Options for Reform, by K. Subbarao, World Bank Policy Research Working Paper No. 1996, October 1998.

6

Social Protection for Orphans: The Context and Issues

Before we explore program options for orphans and other vulnerable children, some terms need clarification. In Western countries, "fostering" usually refers to the placement of a child with unrelated persons for a short period of time, and the process is handled by the government or specialized institutions. In Sub-Saharan Africa, fostering in this sense is rare. Traditionally, upon a parent's death, most orphans are absorbed or "fostered" by the extended family. Orphans may end up living with the same relatives until they are adults, or they may move within the extended family in order to rotate the burden among family members. The mechanisms through which children are placed within the extended family are almost always informal but culturally and legally acceptable. Those cases that require the intervention of the government or NGOs typically involve abandoned children, orphans of war, or wards of the state (children in orphanages). Therefore, when the word "fostering or informal fostering" is used as a program option, it is used in the Sub-Saharan African context and reflects an orphan's placement within the extended family.

Adoption, on the other hand, in both Sub-Saharan Africa and western society, involves the permanent placement of a child into an unrelated family through legal channels. Like fostering in the western sense, adoption—especially adoption outside one's country—is rare in Africa and is strongly opposed in many countries. For this reason, adoption is not addressed as one of the possible program options.

The minimum needs of orphans and vulnerable children are the same as those of any other child: food, shelter, health care, love, a sense of belonging, and an education. The relative utility of each may change as children age, but all remain interdependently critical to physical and mental health. In addition, orphans and children who have been traumatized by war need psychological counseling to deal with the grief and depression that accompanies the death of a parent or psychosocial trauma.

Programs to encourage traditional arrangements should ensure that widows with orphans and foster families have access to critical social services, including schooling. In some cases, this might imply an expansion of the existing informal safety net by increasing funding, improving targeting mechanisms, or enhancing the capacity-building of families and communities. In other cases, a change in cost-sharing policies and the expansion of access to social services might be necessary.

Although the extended family is still the most adequate social safety net, private arrangements are not fail-safe. One cannot assume that relatives, close or distant, will always gladly absorb orphans and treat them well. For that matter, orphans may not enjoy living with extended family members they may not know in environments that may be different from what they have grown up with (as in an urban to rural relocation). Moreover, foster families may not always act in the best interest of the child; what is rational in a nuclear family may not be in a foster family. These differences can lead to a long

list of disincentives for potential caregivers if interventions are not carefully designed.

Ideally, foster families would provide for all of their children, regardless of the child's status, to the best of their ability. However, when families feel overburdened or incapable of meeting the needs of the household, foster children may be the first to suffer. Prejudicial behavior by the foster parents and siblings may be conscious or not. For example, a foster family that has limited resources for education may send their natural children first, feeling that they have already undertaken a great obligation by housing and feeding their foster children. From an orphan's point of view, this unequal treatment may be even worse than having a lower standard of living equally shared among the family members. However, others in the family may resent the foster child and believe that the entire family's welfare suffers because of resources spent on the additional child.

There are, of course, children who do not have family members willing to take them in. These children will have to be cared for in untraditional ways, at least until more permanent arrangements can be made in orphanages, children's group homes, or children's villages. Institutional care has often been criticized for its sterile and unnatural environment. However, there is evidence to show that orphanages can provide healthy, family-like environments.[1]

Other things being equal, foster care is far better than placement in an institutional setting. Unfortunately, communities and extended families are reaching their limits for providing adequate care for vulnerable children, especially in the communities most ravaged by AIDS, armed conflicts, and drought. Under these conditions, foster care may become economically unviable without cash or in-kind subsidies. It may be undesirable and ineffective when children are not receiving the care they deserve and need. It may even be culturally unacceptable where ethnic tensions are high. Therefore, any intervention focusing on orphans and other vulnerable children should have a fundamental objective: encouraging and strengthening existing family and community efforts, while at the same time ensuring that orphans receive the same quality of care that one would expect from their biological parents.

The particular form of assistance will depend a great deal on the nature and extent of the prevailing community involvement, the nature of the problem in each country setting, the available resources, and the political economy within each country and community. However, before considering specific programs, a few key generic issues should be addressed.

Targeting

Program efficiency can be measured in a number of ways depending on the ultimate objective. For example, dividing the total number of people targeted by the number who received benefits would provide a measure of targeting efficiency or leakage; calculating the amount it costs to transfer $1 of income to the poor would measure cost-efficiency. If one is most concerned with reaching all vulnerable children, then emphasis should be placed on eliminating exclusion errors, with the knowledge that some non-needy children may be included. (For example, school subsidies might be provided for all families, even those that can afford schooling.) However, if resources are extremely limited, then more emphasis should be given to eliminating *inclusion* errors, provided the costs of narrow targeting do not exceed the savings and there is no erosion of political support for the program. In general, high-cost, poorly targeted interventions have proven difficult to sustain over the long term without causing serious distortions in overall public expenditure priorities.

Two main targeting issues need further discussion in the context of programs protecting orphans.[2] The first is this: *Should programs support orphans per se rather than all poor (and vulnerable) children?* As mentioned earlier, recent evidence shows that double orphans are at a distinct disadvantage from an education standpoint. One might suppose that orphans may be more vulnerable than other children because of lack of parental protection. Recent research (Case, Lin, and McLanahan 2000; Case and Paxson 2000) points to evidence from diverse environments that investment in step-children is less than for children tended by their biological mothers, even after controlling for family resources. However, it is not at all clear whether orphans are

worse off than children living with biological parents but living in extreme poverty. Nonetheless, in a poor community where there are no significant inter-family differences in living conditions (that is, no strong variations in vulnerability across households), a household fostering an orphan (thus adding to family size) may be expected to be worse off than a household not fostering an orphan, *ceteris paribus.* In these circumstances, there appears to be a good case for programs targeting orphans rather than all vulnerable children.

Broad targeting of all poor and vulnerable children, even when found desirable on *a priori* grounds, may not be feasible because of the sheer number of at-risk children and limited resources. However, one might argue for a narrowly targeted approach that focuses on the ultra-vulnerable as opposed to *all* vulnerable children. The merit is that the available resources can be successfully directed to the neediest, limiting the scope for inclusion errors. An ultra-vulnerable group could include both orphans and non-orphans and could be selected by communities, as is planned in a forthcoming Bank operation in Zimbabwe. Orphans would be included, as would children whose parents are chronically ill (with or without HIV/AIDS) and have reduced household income as well as increased demand for child labor, including caregiving.

The case for such an approach is strong from the perspective of reducing the horizontal inequity that an orphans project would entail. If only orphans were targeted, some of the most vulnerable children (such as nonorphans with very ill or very poor parents) might be excluded. However, even under community-driven arrangements, errors of exclusion and inclusion cannot be ruled out. This is especially true in countries emerging from long periods of ethnic conflict, such as Burundi, where it might be particularly difficult to ensure ethnic neutrality in community selection of beneficiaries. In such countries, imposing an efficient screening rule, such as double orphanhood, and then letting communities select the most vulnerable among the eligible, would limit the scope for abuse.

Table 6 summarizes the pros and cons of targeting orphans versus all vulnerable children. *The second targeting issue is whether programs should directly target orphans or instead aid households with orphans or communities housing orphans.* In general, most interventions target orphans but channel support through households. If subsidies to households come with the mandate that they must be spent on orphans alone, other family members may feel resentful. Yet if subsidies are given to an entire family (as is the case with food stamps), the benefits may be unfairly distributed or diffused so much that the value to the orphan is greatly diminished. While such adverse effects are quite possible, they can be discouraged by relying on in-kind subsidies (such as education vouchers that can be used only by the orphan). Problems can also be minimized if beneficiary households are chosen in open community meetings. The advantage of this approach is that communities may know families better than a local administrator does, and they may be better able to identify orphans and at-risk children through village meetings and distribute resources. This method worked exceptionally well in Eritrea, ensuring transparency because communities themselves policed the process. However, in urban areas, community identification will not always prove possible. In that case, caseworkers or churches would identify beneficiaries. Contractors (which could also be churches and NGOs) could organize the identification of beneficiaries and also place children with families, make payments, and provide the first line of supervision of service delivery. Oversight by churches or nongovernmental agencies at any stage of program implementation could help prevent adverse effects by making the process of selection as transparent as possible.

Inadequate data on cost efficiency

There are several barriers to assessing the cost-efficiency of programs for protecting orphans. First, the quality of data on interventions is often very poor. NGOs and governments often do not report the time period, the sample size, the total cost of an intervention, or a breakdown of cost components. All this makes it very difficult to assess the *real* cost of initiatives for protecting orphans. Second, the data cover a limited number of countries, making it difficult to come up with regional cost-effectiveness estimates. Cross-country or cross-regional compar-

Table 6
Advantages and disadvantages of alternative targeting approaches

Approach	Targeting criteria	Advantages	Disadvantages
APPROACH 1: Reaching all vulnerable children	STEP 1: Select communities housing disproportionately large numbers of poor households STEP 2: Within each community, *target benefits to all needy and vulnerable children, whether orphans or not*	No stigmatization Exclusion errors minimized Reduces any horizontal inequity Inclusion errors minimized	Resources may be stretched too thin to have an impact Capacity may be insufficient to implement a large-scale program Exclusion errors may occur if communities are divided in any way (e.g., by ethnic tensions)
APPROACH 2: Reaching single and/or double orphans	STEP 1: Select communities housing disproportionately large numbers of poor households STEP 2: Within each community, *target benefits to all households with one or more orphans (single or double orphans)*	Concentrates resources on those who may be more vulnerable than others	Poor families with non-orphans may be excluded (horizontal inequity) Communities may exaggerate numbers of orphans to solicit aid Considerable scope for abuse since benefits are shared among household members, lessening impact on orphan Inclusion errors may occur if some households housing orphans do not need subsidizing; risk is minimal in predominately poor communities
APPROACH 3: Reaching only double orphans	STEP 1: Select communities housing disproportionately large numbers of poor households STEP 2: Within each community, target benefits to only those households fostering double orphans	Further concentrates limited resources on the most vulnerable	Communities may exaggerate the number of orphans in order to claim assistance (inclusion errors) Families that have taken in single (maternal) orphans may feel cheated, contributing to both horizontal inequity and adverse incentives Other vulnerable children with both parents alive are excluded, thus contributing to horizontal inequity

isons are also problematic because case studies often refer only to a very specific region (or only one community or orphanage). Third, the interventions often differ in scope, approach, and objectives, which impedes a sound comparative analysis of different interventions even in the same country.

The need for carefully designed incentives

Incentives associated with programs for vulnerable children should reward altruism. In other words, potential foster families who feel that they cannot afford to care for an orphan should be encouraged by incentives designed to ease the burden. Although it would be naïve to think that foster children will not be used for additional household labor, programs must ensure that foster families have nonmonetary motives (familial obligation, civic duty, sympathy, and the like), rather than purely economic ones (desire for either the subsidy or child labor). Therefore, subsidies should not cover all of a child's expenses. To keep the

potential for abuse in check, home visits should also be paid by community or church members or social workers who have been trained to recognize signs of exploitation and mistreatment.

If community targeting is adopted and is successful in targeting *poor* households with orphans, two kinds of adverse incentives might follow. First, the project might induce already poor and relatively insecure households into fostering, as opposed to relatively well-off households. In such cases, the orphan and other children in the family might be worse off in the future, as subsidies are not meant to cover *all* additional expenditures needed to support an extra child. Furthermore, when the subsidy is shared among too many children (poverty is often positively correlated with the number of children), its impact is greatly diminished. Second, targeting may lead some households to expel orphans they had once absorbed in order to qualify for subsidies targeting new foster families that are currently not fostering.[3]

However, community-based interventions, such as the provision of day care, water supply, and health facilities, can minimize adverse incentive effects. They can also have positive effects that go beyond the well-being of the orphan. Community-based interventions promote greater social cohesion in the sense that they reinforce traditional structures. Both Uganda (see Box 3) and Zimbabwe have successfully implemented strategies to combine comprehensive community development efforts (for improved organization, capacity-building, and self-reliance) with specific orphan care initiatives (such as child care, early childhood development centers, communal gardens, psychosocial counseling for orphans and families, and economic support to families). Orphan management committees within the community steer the various efforts by community members to protect the interest of orphans in a collective, inclusive, and participatory manner. While recognizing the merits of community-based interventions for orphans care, it is important to bear in mind that if the community's capacity is stretched beyond limits, nontraditional methods of orphan care may be necessary.

Political economy

Finally, the interests and power of the players involved in administering any program will ultimately shape how it is eventually implemented. For example, if a program is well-targeted to a small group that is relatively disenfranchised (such as AIDS widows with children), the program may not garner much political support and may be allotted a small budget. In contrast, a more broadly targeted program, like one focusing on *all* vulnerable families, may elicit greater political support and a larger budget.

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1. See Wolff and Fesseha (1999). Factors that seem to make a difference include allowing siblings and friends to stay together; encouraging children to take part in cooking, cleaning, and other household chores, and having the same adult caregiver sleep with the children in tents or wards.

2. These issues have come into sharp focus in the context of the Bank's ongoing orphans project in Burundi.

3. In Eritrea, some widowed mothers deliberately placed their children outside their families in order to attract support (Government of Eritrea 1998).

7

Social Protection for Orphans: Good Practices

Assistance specially tailored for orphans can take several forms. These include fostering, subsidies, tracing and reunification programs and institutional care in orphanages and children's villages.

Fostering

Informal fostering within the extended family is usually the best intervention, provided that the care given is of an acceptable level. Placing children with kin promotes their integration into mainstream society, reduces their risk of being marginalized, and promotes their psychological and intellectual development. Another advantage of placement with family members is that family members are most likely to act in the best interest of the orphans. However, this is not always the case. In both western and developing countries, there have been documented cases of abuse and mistreatment of orphaned and fostered children.[1] While the abuse in industrial countries tends to be mental and physical, in the Sub-Saharan African context, it appears to involve stigmatization and discrimination in food allocation, education, and workload (often leading to child labor). Nevertheless, any intervention has potential disadvantages. And of all interventions, most African governments, international donors, and NGOs view fostering as the most culturally appropriate, sustainable, and cost-effective response to orphans.

One NGO that has been very active in promoting informal fostering is World Vision. Over the last 10 years in Uganda, World Vision has learned that it is best to build on traditional structures by (a) keeping siblings together under adult care; (b) avoiding stigma by targeting AIDS orphans; (c) providing foster families with access to health and HIV/AIDS education; (d) providing psychosocial counseling; (e) ensuring the livelihood of foster families and orphans through education, vocational training, and microenterprise development; and (f) involving infected parents before their deaths, while they can still plan or provide for their families.

Donors, governments, and nongovernmental organizations can encourage informal fostering through public awareness campaigns about the plight of orphans. Governments and churches can stress the importance of family and community in times of need. Donors, NGOs, and governments can also provide the necessary funding for foster care. While the exact costs of fostering are not known, local communities are often strapped for resources. Because many families in Africa cannot easily afford to absorb an additional child, attracting foster parents might involve providing financial support to the orphan or the entire family. Making fostering successful could entail other activities as well: working with dying caregivers—either ill mothers, elderly grandparents, or sick foster parents—to ensure that there is a family member willing to take in the orphan; locating family members who may have moved to urban areas; preparing wills and family histories; tracing families when relatives are not easily located; providing personnel

and training to those who can document the children; and providing follow-up supervision visits to foster homes to make sure the children are treated fairly.

Direct versus indirect assistance. Orphans can also be assisted indirectly by helping foster families with a cash subsidy or a subsidy for starting an income-generation program. The pros and cons of these two types of assistance—direct and indirect—are very different and need some analysis. Regardless of the type of payment, programs designed to help orphans and vulnerable children should aim to increase the income and welfare of the entire foster family rather than just the orphan. The reason for such an approach is the need to avoid the stigma costs associated with assistance specifically targeted to orphans.

Cash transfer programs work well when programs are small-scale and vulnerable families or individuals can be identified with ease. In the context of Africa's orphans, the problem does not appear to be small-scale, nor is it easy to identify which foster families need cash support and which do not. Any cash transfer program can be difficult to administer and the potential for abuse may be high, even when communities are involved in selecting beneficiaries. Not surprisingly, there are no examples of cash transfer interventions in the context of orphan care in Africa.

Support for income-generating programs for foster families is more prevalent. In principle, most foster families and single parents who have been widowed by AIDS could benefit from additional income to make up for the lost income of the deceased. Income-generation programs also help smooth consumption. Sometimes, NGOs and CBOs that intervene in communities on behalf of orphans can generate employment by offering adolescent orphans work opportunities and giving them the needed training. We have already noted the successful case of the Uganda women's initiative (see Box 3).

Unless strongly supported by training and marketing and backed by charismatic leadership, as in Uganda, income-generation schemes are unlikely to succeed, especially in countries ravaged by AIDS, war, or drought. For example, the evidence on income-generation programs in Eritrea is somewhat mixed (see Box 4). Some subsidies were successful, such as those for livestock maintenance, but others were neither cost-effective nor sustainable in the long run.

Education and health subsidies

Subsidizing the education and health fees of orphans could become the main means of promoting placement of orphans with extended families. The chief merit of this intervention is that it supports investments in children without encouraging child labor.

Education subsidies. School subsidies for orphans who are not in school would benefit orphans for four reasons: (a) subsidies are easy to monitor and less prone to abuse or fraud than other direct subsidies; (b) education subsidies would give orphans the opportunity to attend school when school fees are prohibitive; (c) in the short term, orphans would be better integrated socially into the local community life; and (d) in the long term, orphans would have marketable skills, making them more productive members of society. Subsidies for orphans and other vulnerable children already enrolled in school would allow foster families to save on education costs and increase their consumption of other goods and services, potentially improving the entire household's welfare.

School subsidies have not yet been tried in the case of Africa's orphans, although provision for them exists in two ongoing World Bank operations in Burundi and Zimbabwe. However, many countries have successfully used school subsidies to meet other goals such as increasing access to education for girls. In Brazil, the Bolsa Escola Program tries to reduce child labor and increase school participation through cash grants to families of school-age children (7–14 years old). The families receive the grants on the condition that children attend school a minimum number of days per month (90 percent). Preliminary evidence shows that school attendance has increased, dropouts have decreased, and the income gap between beneficiaries and nonbeneficiaries has decreased. The effect on child labor, however, has been inconclusive because the municipality surveyed does not have a high incidence of child labor (World Bank 2000a).

Box 4
The Orphans Re-unification Programme in Eritrea

After thirty years of war and recurrent droughts, orphanhood is one of Eritrea's main social problems. In response, the Ministry of Labour and Human Welfare (MLHW) initiated the Orphan Rehabilitation/Reunification Programme which focused on the placement of children with families and on strengthening the economic resources of these families. Between 1994-1997, the income generating schemes of the MLHW were made available to about 7,000 families, supporting close to 14,000 orphans. The loss of one or both parents and the socio-economic condition of the host families were the main criteria utilized for selection. Married orphans irrespective of age, re-married widowed mothers and orphans deliberately placed outside their family by widowed mothers to attract support were deliberately excluded from the program.

In order to guarantee full participation of the community and the direct beneficiaries of the project, various workshops involving representatives of various institutions and target groups formed committees at various level. The focus of these workshops was to develop a new rehabilitation strategy for poor families fostering orphans. Participation was most visible during the choosing of the assets to be purchased. Assistance included provision of livestock and support for commercial activities such as retailing for families in urban areas. Subsidies to farmers in the form of livestock were more successful than other forms of subsidies, such as those to retailers, which showed less promise mainly due to lack of demand. The unit cost of the programme per orphan was only US$305; compared to a unit cost of US$1350 for orphans placed in Asmara's Children's Home, this is many times more cost-effective. Taking into consideration future intergenerational benefits of protecting the country's human capital (by improving orphan's education and health status), this program of foster family support is even more cost-effective and also sustainable.

The program achieved much in spite of some constraints affecting implementation. Some of the lessons learned from this program include a) the proper organization and participation of all concerned parties at all levels and stages of the program contributed to the success of the program; b) the policy to reunify orphans with their extended family and give them support has strengtheed the traditional safety nets of child care and protection; c) the transparency and proper utilization of resources enabled the support to reach the eligible families; d) appropriate monitoring and follow-up activites need to be strengthened, particularly to assess program impacts in situations with higher risk factors (disabilities, aged caretakers, etc); e) many families lacked management skills and delivery of technical support was not sufficient to enable them to cope with the situation (i.e. local administration could have given more support in setting up business ventures: licenses, permits, etc.; and last f) supplementary training and workshops about psycho-social aspects of orphan reunification would serve to make social workers better able to intervene more effectively.

School subsidies assume that the main reason orphans do not receive an education is prohibitive school fees. However, other factors may also inhibit school enrollment and attendance. For example, many countries have enormous problems with the quality of their schools (absentee teachers, lack of basic amenities, lack of security, and so forth). The distance students must travel to school may be another impediment. Although UNICEF has shown that double orphans are disproportionately underenrolled, we cannot yet be certain that school fees are the binding constraint. Also, given that many countries (including Malawi, Tanzania, and Uganda) waive school fees at the primary level, opportunity costs may be a greater concern, especially in AIDS-affected households. However, we know that in countries that have implemented fee waivers, primary gross enrollments ratios have dramatically increased.

Assuming, then, that school fees are at least a significant constraint, the appropriate amount of subsidy is debatable. For example, should subsidies cover school fees only for the orphan, or for additional children in the family as well, to minimize stigma to the orphan? If children are currently engaged in some sort of labor at home, will an education subsidy constitute an adequate incentive for the family to send all children, including orphans, to school, or should families also be compensated for the value of a child's lost labor? It is hard to come up with credible answers to these questions in the absence of more information. Yet the assistance component can be designed to address these concerns in two ways. First, assistance could be provided to parents not only for the orphan but also for up to two other children, on the condition that all three attend school. Second, to compensate for the child's labor at home, an additional food grant

(nutrition supplementation) may be provided to poorer households identified at community meetings.

In much of Latin America, local municipalities have funded education grants and school subsidies (at various levels depending on local revenues). Such local financing would not be feasible in much of Sub-Saharan Africa, especially if the whole community is devastated by AIDS. Without support from the government, an NGO, or other outside sources, the sustainability of such subsidies in SSA would be questionable.

In the World Bank's proposed project for orphans in Burundi, the cost of the school subsidy package, which includes tuition, materials, and school uniforms, is estimated to be $148 per family per year. The package would apply to two other children in addition to the orphan. A subsidy of this magnitude is unlikely to be sustainable without ongoing outside support. One solution may be to finance school subsidies through an income-generation project. Local communities or churches may operate projects and use the profits to pay for school fees. The initial subsidies themselves can be justified by the government and other donors if they are seen as an investment that can prevent the need for safety nets in the future. They represent an investment not only in children today but in generations to come, as the benefits of an education continue on to our children's children.

Health and nutrition subsidies. Health and nutrition subsidies can lengthen the life expectancy of orphans, improve children's ability to attend school and their learning achievement while at school, enhance their productivity as they become adults, and prevent increased health care costs and social protection later in life. However, health systems often do not function well in Sub-Saharan Africa, and supervising visits to clinics can be more complex than supervising school attendance. Also, there is still anecdotal evidence of health care workers refusing to provide care to AIDS orphans. Education of health workers therefore must be part of an overall approach in orphan care. The World Bank does not have any program of health and nutrition subsidies tailored to orphans.

Family tracing and reunification

Finding close relatives of children orphaned by armed conflict requires a program of tracing and reunification: registering and enumerating orphans and locating and reuniting them with their family members. However, tracing may be only the first step in protecting vulnerable children. Typically, it is a one-off investment, provided that relatives are found, that they are willing to foster the child, and that they have the means to do so. If not, other means of caring for the children must be found. Because of this, tracing must be complemented with orphanages or temporary foster families while tracing efforts are under way.

Unfortunately, the very conditions that make tracing necessary often prevent this intervention from being successful. First, in war-torn countries, children are often on their own because their parents and other relatives have been killed and their communities have disintegrated. Children may also have been expelled from their communities as a safeguard measure. In situations like these, family members are often difficult to locate. Second, for tracing to succeed, the personal history of orphans and unaccompanied children must be documented. Such information can sometimes be difficult to elicit from young children, especially if they have been traumatized. Even after orphans are integrated into a family and community, the collection of their personal histories and experiences helps accelerate the healing process and avoid future problems of sense of identity.

The costs of tracing efforts are difficult to estimate. We have solid data only for Eritrea, where the cost per orphan worked out to be $305 per year in 1995-96 (Government of Eritrea, 1998). This was much lower than the annual cost of housing children in an orphanage in Asmara, which was $1,350 per child. In Burundi, UNICEF helps place orphans in families by tracing the relatives of children now in displaced persons or refugee camps or on the street. The cost of placement is estimated to be $228 per child. Tracing and reunification efforts may appear to be expensive, but in the long run they are more affordable than placement in orphanages or the social costs of having children on the street.

Orphanages

In Sub-Saharan Africa, orphanages have been around for decades and were initially run by missionaries. Orphanages still exist, mostly in post-conflict countries and are typically run by NGOs, although some receive government funds. Interestingly, many of these orphanages have taken in children who are not necessarily orphans, but children whose parents believe the orphanage can provide better care, especially if the family is coping with a crisis. In some cases, this is true: one study in Uganda showed that war orphans living in orphanages had a higher standard of living than those who had been taken in by foster families or relatives (Nalwanga-Sebina and Sengendo 1987). Further, missionary orphanages often provide education, which parents regard as a great advantage. Indeed, impoverished families have often perceived residential care as an instant solution to their problems meeting the needs of their families.

This reliance on orphanages as a refuge from poverty has been one of the main arguments against orphanages in developing countries. Critics point out that only a small minority of the children living in children's homes have been fully orphaned or permanently abandoned by their immediate family (Tolfree 1995). Furthermore, orphanages fail to address the root causes of poverty and are an expensive way of responding to the needs of children and families living in poverty.[2] Yet given the swelling numbers of orphans in Africa, it can be argued that more and more children will need to be placed in orphanages. In fact, residential care may be the only hope for thousands of orphans in conflict and post-conflict situations where foster care is economically and logistically unrealistic. Of course, some parents in non-emergency situations may still try to place their children in orphanages because of the perceived benefits, but effective targeting and gatekeeping—the process of assessment and planning of children's need and circumstances— can help ensure the entry of only the neediest. In other words, children should be evaluated to assess how long they should stay and where they should eventually go (into foster care, reunified with relatives after tracing, or transitioned to independent living for older kids).

Some of the obvious disadvantages of orphanages can be mitigated if they are structured for conformity with African culture. Orphanages can take on some of the characteristics of home life by having mixed-age (but single-sex) dormitories where orphans share the responsibilities for cooking and cleaning, and take part in decisions that will affect them. Strong staffing is also key; orphanages can better meet children's emotional needs if child care workers are mature, empathetic, and trained in early childhood development. Additionally, by placing orphanages in villages as opposed to capital cities, orphans who have grown up in the village or surrounding area could be better incorporated into the life of their community both geographically and in spirit. In fact, if orphanages took the form of "childrens' homes", as is now the case in Eritrea, orphans would be close to their friends and perhaps to sick or elderly family members who cannot care for them. Orphanages in such settings with significant community oversight can be expected to ensure greater access to health services and education.

Drawbacks. Even when orphanages are designed to meet the emotional needs of children, they are still not the best solution for orphans. Because institutional care is generally not culturally, financially, or socially acceptable, orphanages should be considered as an option only when capable and willing foster families cannot be found.

A major constraint of orphanages is that their cost tends to be very high while their capacity to absorb orphans is very low. The larger the group of orphans cared for, the less individual care can be provided. Orphanages can often not accommodate more than 100 children, which is inconsequential compared to the number needing support. Given that almost all orphanages rely on outside funding, whether by governments, NGOs, or others, it would be difficult to make them self-sustaining without attaching income-generation projects. The rapidly growing number of orphans will worsen the situation, requiring an enormous increase in funding for existing and new orphanages.

Exact costs are difficult to ascertain, but available figures indicate that it takes about $300 per year to house one orphan in an orphanage. This includes only recurrent costs and not the capital investment needed to build or start an orphanage. Specific

examples range from $649 per child for an orphanage in Tanzania in 1990 to $1,350 per child in Eritrea in 1998 (Ainsworth and Rwegarulira 1992:29). In Burundi, the NGO APECOS spent on average $689 per child for 13 girls and 17 boys in 1999. This included food, medical care, clothing, school fees, rent, salaries, furniture, and materials. The administrative costs of the entire program, which included two single-sex homes and support to 235 foster families, averaged $11,878 per year, or two percent of the NGO's total budget. Orphanages by their very nature will always be more expensive than foster care or community-based approaches—from 20 to 100 times more expensive (Lusk, Huffman, and O'Gara 2000:18).

Children's villages. In many cases, orphanages have proven beneficial to the well-being of the children, enabling them to be reintegrated into society to lead emotionally and economically stable lives. One promising option is to convert and enlarge orphanages into children's villages. This is not a new intervention; it has been tried in some countries in Africa (Angola, Rwanda, Uganda) and elsewhere. There are numerous advantages to such an approach: (a) children's villages attract NGOs relatively easily; (b) economies of scale can be realized (for example, a children's clinic located in a children's village would be substantially cost-effective); (c) when situated within communities, children's villages can seek help from nearby community members in times of need; and (d) when located close to religious institutions, children's villages can strike direct partnerships with church groups, which would render the approach more sustainable. Religious groups are probably better organized and have much better outreach services than governments. With church partnerships, children could receive not only basic services but also moral and psychological counseling. The main disadvantage of children's villages is that they are not self-sustainable and, like orphanages, are in constant need of financial support.

Summary

Table 7 presents the advantages and disadvantages of the interventions tried thus far to protect orphans in Africa. What constitutes a "good practice" intervention depends on country-specific circumstances. In general, however, fostering is considered the best option, provided care is taken to contain discrimination and stigma to the orphan. In countries where the majority of the population is very poor and poverty gaps are high, education and nutrition subsidies may be necessary to ensure that orphans in foster care receive basic education and other services. For children who have been abandoned or are in institutional care, family tracing and reunification may be appropriate if costs can be contained. Orphanages are probably the last resort, and are probably more suitable in urban than in rural areas where communities are less bound.

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1. For more information about the problems of foster care in America, see Roche (2000).

2. In Eritrea in 1995-96, the cost of keeping a child in an orphanage was more than four times the cost of tracing and reunification (see Government of Eritrea 1998).

Table 7
Interventions for foster families and children in vulnerable circumstances

Intervention	Advantages	Disadvantages
Fostering	*Family members are most likely to act in child's best interest. *Family integration promotes psychological and intellectual development of children. * Fostered children are integrated into society more readily than children in orphanages.	*Discrimination in food allocation, workload, education, etc., may exist.
Subsidies distributed through the family	*Encourages even poor families to foster orphans with the additional costs of caring for orphans borne by the government.	*Difficult to monitor. *Subsidies sometimes benefit head-of household only. *Subsidies may be shared among too many family members, thus diluting the amount of support going to the orphan. * Subsidies exclusively for the orphan may stigmatize the orphan
Subsidies distributed through the community	*Communities will better know needs of family. *If distributed by churches, stigma may be reduced.	*May not work in urban areas where sense of community is weak. *May not work in communities where ethnic tension or discrimination exists.
School vouchers/subsidies; health vouchers redeemed by clinics	* School subsidies are easy to monitor. *Most likely to prevent future loss of human capital.	*May entail horizontal inequity, to the extent children with parents alive but living in abject poverty do not receive any subsidy.
Income-generation schemes for fostering families	*Increase short-term incentives of households to adopt children. *If successful, improve the welfare of orphans.	*Rarely succeed without training, follow-up, and leadership. *Provide no long-term incentive for caring for orphans.
Family tracing	*Being reunited with family members brings psychological benefits.	*May not be viable in post-conflict situations, in areas where a large percentage of the population has died or is missing, or in war-torn economies where family members are unable to care for orphans.
Orphanages	*Better than child-headed households or being a street child. *Orphanages run by religious groups may reduce stigma and attract donor and charitable funds.	*Lack incentive to act on behalf of orphan. *May harm psychological development of orphans. *Not cost-effective. *Can easily become commercial institutions rather than welfare institutions. *May not meet the emotional needs of children.

8

Concluding Remarks

Designing and implementing appropriate program interventions to protect orphans in Africa is a daunting task. The experience with such interventions is very limited and much too recent to yield robust good practices. Thus, serious information gaps prevent us from arriving at definitive program prescriptions. Nonetheless, the following conclusions emerge from the reviewed evidence.

- In much of Africa, orphans are undoubtedly a high-risk group requiring protection. Double and maternal orphans are clearly at much greater risk than others. The numbers are so large already as to threaten the traditional coping mechanisms, strengthening the case for public intervention. However, interventions need to be chosen carefully to (a) address the specific risks faced by orphans in a given country environment, and (b) strengthen the existing community coping strategies rather than supplant them.

- One of the biggest risks that an orphan faces appears to be the risk of dropping out of school or never being enrolled. Though evidence is lacking, one might infer that the risk begins to surface, especially for girls, even when a parent is alive but dying of AIDS.

- Orphanhood also poses a grave threat to children's education and health. Available evidence from Burundi points to significantly higher levels of malnutrition among maternal orphans than average.

- There appears to be no single "best practice" program suitable for all countries in all circumstances. Program choice, as much as the choice of the right targeting instrument, depends very much on country circumstances and the nature and intensity of the problem.

- Nevertheless, fostering of orphans by relatives is more attuned to the African sociocultural milieu than most other options. However, care needs to be taken that fostering does not lead to mistreatment of orphaned children (typically stigmatization or discrimination in food allocation, education, and workload). Wherever fostering is promoted, community or NGO oversight may be necessary.

- In post-conflict situations, fostering may require a program of tracing and reunification to place orphaned children with close relatives. However, the very conditions that make tracing and unification necessary and attractive often make it difficult to achieve desirable outcomes. For example, relatives may be widely dispersed or incapable of fostering in a war-torn economy. The success of this intervention depends on how long reunification takes, how much it costs, and how well orphans are treated afterward. Information on all these aspects is lacking for a large

number of countries. However, available evidence for Eritrea suggests that while tracing and reunification may be expensive, it is still much cheaper than the average cost of caring for a child at an orphanage.

- To promote fostering, both direct subsidies (cash transfers) and indirect subsidies (such as education vouchers or food supplements) have a role to play. Indirect subsidies are preferable largely because they can be monitored easily to ensure that they benefit the orphan. Cash subsidies may be shared by all members of the family, and in some cases may not benefit the orphan at all. Indirect subsidies can work cost-effectively (with a minimum of leakage) only when they are strongly grounded in the community. Community-driven targeting seems to make a lot of sense for both identifying orphans and delivering the subsidies, but intermediation by religious groups and NGOs may sometimes be necessary, especially in communities divided strongly along ethnic lines.

- Income-generation schemes for foster families are unlikely to be effective unless followed up with training and marketing support. A prerequisite for the success of such schemes is charismatic leadership. Even when successful, such schemes need to provide long-term incentives for families to care for orphans.

- Orphanages should be the last resort, because they are expensive and incompatible with traditional African culture. Nonetheless, evidence from a couple of countries does point to their effectiveness in providing care for orphans. And given the enormity of the orphan crisis, they cannot be ruled out, especially in urban settings. Even in rural settings, there may be a case for residential care where orphans are numerous and community coping has reached its limits. One promising approach to making orphanages more economical and culturally acceptable is to convert them into larger "children's villages" with significant community oversight. However, more evidence of cost-effectiveness needs to be gathered before large institutional interventions are planned in any country.

- Notwithstanding the variety of interventions being tried, current efforts to address the orphan crisis are inadequate and piecemeal. The enormity of the problem demands a coordinated response by African governments, the World Bank, other development partners, NGOs, and local communities.

Appendix 1

Estimates of People Living with HIV/AIDS, End 1999

Country	Adults and children	Adults (aged 15–49)	Adult rate (percent)	Women (aged 15–49)	Children (aged 0–14)
Global total	**34,300,000**	**33,000,000**	**7**	**15,700,000**	**1,300,000**
Sub-Saharan Africa	**24,500,000**	**23,400,000**	**7**	**12,900,000**	**1,000,000**
Angola	160,000	150,000	8	82,000	7,900
Benin	70,000	67,000	5	37,000	3,000
Botswana	290,000	280,000	30	150,000	10,000
Burkina Faso	350,000	330,000	4	180,000	20,000
Burundi	360,000	340,000	12	190,000	19,000
Cameroon	540,000	520,000	3	290,000	22,000
Central African Republic	240,000	230,000	14	130,000	8,900
Chad	92,000	88,000	9	49,000	4,000
Comoros	…	400*	2*	…	…
Congo	86,000	82,000	3	45,000	4,000
Congo, Dem. Rep.	1,100,000	1,100,000	7	600,000	53,000
Côte d'Ivoire	760,000	730,000	16	400,000	32,000
Djibouti	37,000	35,000	15	19,000	1,500
Equatorial Guinea	1,100	1,000	1 560	<100	
Eritrea	…	49,000*	7*	…	…
Ethiopia	3,000,000	2,900,000	13	1,600,000	150,000
Gabon	23,000	22,000	6	12,000	780
Gambia, The	13,000	12,000	5	6,600	520

Table continues on next page.

Estimates of People Living with HIV/AIDS, End 1999 (continued)

Country	Adults and children	Adults (aged 15–49)	Adult rate (percent)	Women (aged 15–49)	Children (aged 0–14)
Ghana	340,000	330,000	0	180,000	14,000
Guinea 55,000	52,000	4	29,000	2,700	
Guinea-Bissau	14,000	13,000	0	7,300	560
Kenya	2,100,000	2,000,000	15	1,100,000	78,000
Lesotho	240,000	240,000	27	130,000	8,200
Liberia	39,000	37,000	0	21,000	2,000
Madagascar	11,000	10,000	5	5,800	450
Malawi	800,000	760,000	16	420,000	40,000
Mali	100,000	97,000	3	53,000	5,000
Mauritania	6,600	6,300	2	3,500	260
Mauritius	…	500*	8*	…	…
Mozambique	1,200,000	1,100,000	12	630,000	52,000
Namibia	160,000	150,000	14	85,000	6,600
Niger	64,000	61,000	5	34,000	3,300
Nigeria	2,700,000	2,600,000	6	1,400,000	120,000
Reunion	…	…	…	…	…
Rwanda	400,000	370,000	11	210,000	22,000
Senegal	79,000	76,000	7	40,000	3,300
Sierra Leone	68,000	65,000	9	36,000	3,300
Somalia	…	…	…	…	…
South Africa	4,200,000	4,100,000	14	2,300,000	95,000
Swaziland	130,000	120,000	25	67,000	3,800
Tanzania	1,300,000	1,200,000	9	670,000	59,000
Togo	130,000	120,000	8	66,000	6,300
Uganda	820,000	770,000	0	420,000	53,000
Zambia	870,000	830,000	15	450,000	40,000
Zimbabwe	1,500,000	1,400,000	26	800,000	56,000

Source: http://www.unaids.org/epidemic_update/report/Final_Table_Eng_Xcel.xls

Appendix 2

AIDS Orphans and AIDS Deaths, 1999

Country	Orphans Orphans cumulative	Estimated AIDS deaths Adults and children, 1999
Global Total	**13,200,000**	**2,800,000**
Sub-Saharan Africa	**12,100,000**	**2,200,000**
Angola	98,000	15,000
Benin	22,000	5,600
Botswana	66,000	24,000
Burkina Faso	320,000	43,000
Burundi	230,000	39,000
Cameroon	270,000	52,000
Central African Republic	99,000	23,000
Chad	68,000	10,000
Comoros	…	…
Congo	53,000	8,600
Congo, Dem. Rep.	680,000	95,000
Côte d'Ivoire	420,000	72,000
Djibouti	7,200	3,100
Equatorial Guinea	860	120
Eritrea	…	…
Ethiopia	1,200,000	280,000
Gabon	8,600	2,000
Gambia, The	9,600	1,400

Table continues on next page.

AIDS orphans and AIDS deaths, 1999 (continued)

Country	Orphans Orphans cumulative	Estimated AIDS deaths Adults and children, 1999
Ghana	170,000	33,000
Guinea	30,000	5,600
Guinea-Bissau	6,100	1,300
Kenya	730,000	180,000
Lesotho	35,000	16,000
Liberia	31,000	4,500
Madagascar	2,600	870
Malawi	390,000	70,000
Mali	45,000	9,900
Mauritania	…	610
Mauritius	…	…
Mozambique	310,000	98,000
Namibia	67,000	18,000
Niger	31,000	6,500
Nigeria	1,400,000	250,000
Reunion	…	…
Rwanda	270,000	40,000
Senegal	42,000	7,800
Sierra Leone	56,000	8,200
Somalia	…	..
South Africa	420,000	250,000
Swaziland	12,000	7,100
Tanzania	1,100,000	140,000
Togo	95,000	14,000
Uganda	1,700,000	110,000
Zambia	650,000	99,000
Zimbabwe	900,000	160,000

Source: http://www.unaids.org/epidemic_update/report/Final_Table_Eng_Xcel.xls

Appendix 3

Primary School Gross Enrollment Ratios

Country	Year		Primary GER			Gender gap
			MF	M	F	
Benin	1996	77.6	98.1	57.1	41	
Botswana	1996	107.8	107.3	108.2	-0.9	
Burkina Faso	1995	39.6	47.9	31.3	16.6	
Burundi	1995	50.6	55.4	45.8	9.6	
Cameroon	1996	85.4	...	...		
Cape Verde	1997	148.4	149.5	147.1	2.4	
Chad	1996	57.5	75.7	39.3	36.4	
Comoros	1995	74.6	...	...		
Congo	1995	114.3	119.9	108.8	11.1	
Côte d'Ivoire	1996	71.3	82	60.5	21.5	
Djibouti	1996	38.6	44.5	32.6	11.9	
Eritrea	1996	53.4	58.7	48.1	10.6	
Ethiopia	1996	42.9	55.4	30.5	24.9	
Gabon	1995	162.3	163.2	161.4	1.8	
Gambia, The	1995	77.1	87.1	67.2	19.9	
Guinea	1997	54.4	67.7	40.7	27	
Kenya	1995	84.9	84.9	84.9	0	
Lesotho	1996	107.7	101.8	113.7	-11.9	
Madagascar	1995	91.6	91.8	91.8	91.4	0.4
Malawi	1995	133.5	140.2	126.8	13.4	

Table continues on next page.

Primary school gross enrollment ratio (continued)

Country	Year		Primary GER			Gender gap
			MF	M	F	
Mali	1997	48.9	58.1	39.7	18.4	
Mauritania	1995	75.1	81.2	69	12.2	
Mauritius	1997	106	106.2	105.9	0.3	
Mozambique	1995	60.2	70.2	50.2	20	
Namibia	1997	130.6	129.4	131.8	-2.4	
Niger	1997	29.3	36	22.6	13.4	
Reunion	1995	116.6	...	...		
Senegal	1997	71.3	77.6	64.9	12.7	
South Africa	1995	132.8	134.8	130.8	4	
Sudan	1996	50.9	55.2	46.5	8.7	
Swaziland	1997	117.1	120.1	114.2	5.9	
Tanzania	1997	66.5	66.8	66.1	0.7	
Togo	1996	119.6	139.6	99.4	40.2	
Uganda	1995	74.3	80.9	67.8	13.1	
Zambia	1995	88.5	91.4	85.6	5.8	
Zimbabwe	1996	113	114.8	111.3	3.5	

Source: UNESCO Yearbook, 1999

Appendix 4

Population and Selected Health Indicators

Country	Under-5 mortality rank 1998	Population, 1999 (thousands)		Annual population growth (percent)		Crude death rate (annual deaths per 1,000 population)		Crude birth rate (annual births per 1,000 population)		Life expectancy (years)	
		Under age 18	Under age 5	1970–90	1990–99	1970	1999	1970	1999	1970	1997
Angola	2	6749	2389	2.5	3.4	27	18	49	48	37	47
Benin	22	3175	1033	2.7	2.7	25	13	53	41	43	55
Botswana	77	794	241	3.5	2.5	15	17	50	33	52	51
Burkina Faso	22	6295	2185	2.6	2.8	25	18	53	46	39	46
Burundi	17	3502	1154	2.2	2.1	20	20	44	42	44	47
Cameroon	27	7389	2472	2.8	2.7	21	12	45	39	44	56
Cape Verde	65	196	60	1.2	2.3	12	6	40	32	57	67
Central African Rep.	18	1751	563	2.3	2.1	22	19	43	37	42	49
Chad	13	3906	1338	2.3	2.9	26	17	49	43	38	48
Comoros	53	338	106	3.2	2.8	18	9	50	36	48	57
Congo	47	1513	525	2.8	2.8	20	16	46	43	46	51
Congo, Dem. Rep.	9	27553	9742	3.1	3.3	20	14	48	46	45	53
Côte d'Ivoire	28	7433	2304	3.7	2.5	20	16	52	37	44	51
Djibouti	26	302	98	6.3	2.2	24	15	48	37	40	50
Equatorial Guinea	20	219	75	1	2.5	24	16	40	41	40	50
Eritrea	45	1885	635	2.3	2.8	21	14	47	40	43	51
Ethiopia	18	32108	11032	2.6	2.7	24	20	50	44	40	50
Gabon	30	545	190	3.1	2.7	21	16	33	37	44	55
Gambia, The	59	586	205	3.4	3.6	28	17	50	40	36	47

Table continues on next page.

Population and selected health indicators (continued)

Country	Under-5 mortality rank 1998	Population, 1999 (thousands)		Annual population growth (percent)		Crude death rate (annual deaths per 1,000 population)		Crude birth rate (annual births per 1,000 population)		Life expectancy (years)		
		Under age 18	Under age 5	1970–90	1990–99	1970	1999	1970	1999	1970	1997	
Ghana	49	9917	3189	2.8	2.9	17	9	47	37	49	58	
Guinea	14	3770	1234	1.9	2.7	27	17	51	42	37	46	
Guinea-Bissau	11	581	199	3.1	2.2	28	20	42	42	36	44	
Kenya	40	15127	4462	3.6	2.5	18	13	53	34	50	54	
Lesotho	33	977	316	2.4	2.2	20	13	43	35	48	59	
Liberia	6	1515	475	3.1	1.4	21	14	49	44	46	50	
Madagascar	25	7814	2706	2.6	3.2	20	10	47	39	45	58	
Malawi	7	5738	1990	3.6	1.5	24	23	56	47	40	41	
Mali	5	5868	1997	2.4	2.4	26	15	51	46	42	48	
Mauritania	16	1307	439	2.5	2.8	22	13	45	40	43	53	
Mauritius	120	357	94	1.2	0.9	7	6	28	16	62	71	
Mozambique	10	9893	3414	2.1	3.4	22	20	46	43	42	47	
Namibia	62	817	264	2.7	2.5	18	16	43	35	47	56	
Niger	3	5698	2034	3.1	3.3	26	16	59	48	38	48	
Nigeria	15	54771	1788	0	2.8	2.5	22	15	50	38	43	52
Rwanda	21	3829	1259	3.1	0.4	21	17	53	41	44	40	
São Tome and Principe	58	77	27	2.4	2.1	–	–	–	–	–		
Senegal	38	4755	1596	2.8	2.6	25	13	49	39	41	51	
Seychelles	140	40	14	1.4	1.1	–	–	–	–	–	71	
Sierra Leone	1	2379	831	2	1.8	30	24	49	45	34	37	
Somalia	8	5269	1957	3.8	2.4	24	17	50	52	40	49	
South Africa	58	16550	4909	2.2	1.8	14	14	35	26	53	65	
Sudan	43	13618	4162	2.8	2	21	11	47	33	43	55	
Tanzania	32	17204	5724	3.1	2.8	20	15	50	41	45	51	
Togo	30	2373	800	2.8	2.8	20	15	45	41	44	50	
Uganda	35	12026	4348	2.6	2.8	18	20	49	51	46	41	
Zambia	12	4939	1613	2.7	2.4	19	20	49	42	46	43	
Zimbabwe	55	5664	1625	3.1	1.7	16	19	50	31	50	49	
REGIONAL SUMMARIES												
Sub-Saharan Africa		305680	101806	2.8	2.6	21	16	48	40	44	51	
World		2125143	604132	1.8	1.4	12	9	33	22	56	64	

Source: United Nations Population Division data, www.unicef.org/sowc00/stat2.htm.

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