

1. Children at Risk: Causes and Consequences

Sources of vulnerability:

- **AIDS:** of the **34 million** people in the world living with AIDS, **24.5 million** are African and of the **13 million children** orphaned by AIDS (defined as children under the age of 15 who have lost their mother or both parents to AIDS) **12 million** are African. The high prevalence rates in young women and the fact that most women in SSA have their first child before the age of 20 means that there is a one in three chance of MTCT.
- **Conflicts:** one third of SSA countries are engaged in conflicts. When parents are killed or go missing millions of young children are displaced and many are left to fend for themselves.

The nature of risks: whatever the underlying reasons, OVC face the risk of heightened malnutrition, mortality, morbidity and psychosocial damage. Abandonment of newborns by seropositive women in hospitals is not uncommon and many of these children are not cared for as many health workers and potential foster families assume that the child is infected. Even children in households headed by immediate family members are more at risk of dropping out of school when parents are sick and already scarce resources are diverted to care for the sick person. Children (especially girls) are often asked to care for sick relatives. The trauma and depression that children experience from watching a parent die is immeasurable and further compounded if they are subsequently separated from siblings or left to fend for themselves overnight.

2. The Magnitude of the Problem

Unless otherwise noted, this paper considers orphans to be children who have lost their mother or both parents, it also includes orphans who have died and those now older than 15.

AIDS orphans: in general, current estimates are based on a number of known or assumed parameters: the age pattern of HIV/AIDS infections for women, the age pattern of fertility, the perinatal transmission rate, the average survival time after infection, the mortality rate for those under 15, the mortality rates for adults from other causes and the population distribution by age and sex.. UNICEF estimates that the proportion of orphans has reached 15-17% in some developing countries and this number is expected to rise. By the year 2010, USAID estimates that there will be 35 million children orphaned by AIDS in SSA.

Other vulnerable children: this group includes children orphaned from conflict, children whose parents are dying of AIDS, child slaves and street children and those living in abject poverty.

- **Child labour:** due to the difficulty in defining child labour there are no available data. However, Africa appears to have a higher proportion of child labour than any other region, with 41% of the population under 14 (80 million children) in the labour force. The most extensive market for child labour in SSA is domestic service. An estimated 13 million (mostly girls) children work as domestic servants and are very often poorly paid, overworked and subject to physical and sexual abuse.
- **Street children:** it is estimated that around 1 million children (mostly boys) in SSA countries live on the streets, typically surviving by begging or running errands.
- **Child soldiers:** the Coalition to Stop the Use of Child Soldiers estimates that there are currently 120 000 children under the age of 18 participating in armed conflicts across Africa. some no older than seven or eight. Some boys see the military as a source of food and protection, although not all conscripts are volunteers. UNICEF estimates that more than 10 000 children have been abducted just by Uganda's Lord's Resistance Army based in the south of the country.

3. The Impact of the Orphan Crisis on families and Communities

The AIDS orphans crisis does not only affect the children themselves but households and society at large. Recent research suggests that the majority of orphans are taken in by the some of the poorest families e.g. in Zambia, it was found that 70% of households caring for orphans belonged to the "very poor" category.

Economic hardship and adverse effects on education: when AIDS is present in a household there is very often a resulting loss in income that can lead to children being pulled out of school as priorities change. A drop in household income can also result in inadequate nutrition. Recent data from UNICEF shows that school

enrolment rates are lower for double orphans than for non-orphans. It was also found that maternal orphans are at a higher risk of not being in school than paternal orphans. Girls are also more disadvantaged than boys.

Health costs: research from Tanzania shows that the loss of either parent will raise stunting in children. Research from Burundi shows that a higher percentage of double and maternal orphans are malnourished and will never develop to their full physical and intellectual potential. Children who have undergone orphanhood or other types of trauma (e.g. war) often exhibit symptoms such as hysteria, insomnia, nervousness etc.

Social ramifications: vulnerable children who become alienated from their communities may resort to crime and substance abuse. Left to themselves without any community restraints or inculcation of moral values, these children could potentially destabilise the society of the future.

4. Private, Public, and international Responses

Private responses: true to African tradition, families and communities are caring for orphans, churches and NGOs also play an important role. However, it has been suggested that orphans are not receiving the same level of care as that given by biological parents. Orphans have reported discrimination in food and clothing allocation as well as feeling excluded and unloved.

Public responses: the Zimbabwe government with IDA is preparing a programme that aims to reach OVC in multiple ways. One is to target potential school dropouts and to provide community grants that can be used for nutrition and growth monitoring, or for home-based care for people with AIDS to ease children's responsibilities. The grants will require a community contribution in recognition of community efforts to ensure that public funding has maximum impact by leveraging community initiative rather than displacing them. In Botswana, the National Orphan Programme was established in 1999, its aims include developing policies, building institutional capacity, providing social welfare services etc. It is also responsible for collecting orphan data through a national database.

International responses:

- i. **Sector wide approaches:** an example of a sector wide approach can be seen in Rwanda where all programmes affecting unaccompanied minors are coordinated. Organisations are responsible for those areas for which they are best suited i.e. the World Food Programme gives food assistance.
- ii. **Donor responses and the role of international assistance:** donor responses have been piecemeal and a major effort to help OVC needs a coordinated effort by the Bank and other donors. The Bank is increasingly moving toward programmatic lending which gives scope for expanding operations that target OVC in multi-country HIV/AIDS programmes (MAPs) and community-driven projects. Another Bank initiative is the Eritrea Integrated Early Childhood Development project that aims to assist post-conflict and AIDS orphans. The Bank also has experience in implementing social funds with a view to establishing a stronger system of local government and the Bank's Social Investment Fund has been expanded from the traditional construction of social infrastructure to include both hardware and software projects implemented in collaboration with local government. The software menu includes technical and vocational training, capacity building etc with a special focus on children, women, the elderly and groups affected by AIDS. The Bank is also in a position to leverage the expansion of NGOs, FBOs by helping to mobilise resources from other agencies and the corporate world.

5. Social Protection for Orphans: The Context and Issues

In Western countries "fostering" usually means placing the child with unrelated people for a limited amount of time. In SSA countries most orphans are "fostered" by the extended family through an informal but legal process, those that require the involvement of NGOs or government usually concern cases where children have been abandoned or are orphans of war etc. Programmes that encourage traditional arrangements should ensure that widows with foster families have access to social services including schooling. However, private fostering arrangements are not failsafe and when families feel overburdened, foster children may be the first to suffer e.g. a foster family may send *their* children to school first, feeling that they have already contributed to the orphans welfare. Furthermore, communities and families are reaching their limit for providing care for OVC; therefore any interventions focusing on OVC should encourage and strengthen existing family and community efforts.

Targeting: two targeting issues need to be considered in the context of programmes protecting orphans. First, *should programmes support orphans per se rather than all poor and vulnerable?* Recent evidence shows that investment in step-children is less than for children cared for by their biological parents. However, it is not clear whether orphans are worse off than children living with biological parents but living in extreme poverty. In a community with no significant inter-family differences in living conditions a family caring for an orphan may

be worse off than a household not caring for an orphan. In these circumstances, there is a good case for programmes targeting orphans rather than all vulnerable children. However, there is a case for targeting ultra-vulnerable children as opposed to all vulnerable children, which could include orphans and non-orphans. If only orphans were targeted, children such as non-orphans with ill parents might be excluded. The second issue is *should programmes directly target orphans or instead aid households with orphans or communities housing orphans?* Most interventions target orphans but channel resources through the household. If households are obliged to spend the subsidies on orphans alone, other family members may feel resentful, yet if subsidies are given to the family as a whole, the benefits may be distributed unfairly so that the value to the orphan is diminished. These inequalities can be diminished by providing in-kind subsidies such as education vouchers that can only be used by the orphan. Problems can also be minimised if beneficiary households are identified by communities who may know families better than the local administrator. In urban areas, this process of identification may not be possible and may need to be carried out by caseworkers, churches, NGOs etc.

Inadequate data on cost efficiency: there are several barriers to assessing the cost efficiency of orphan programmes. First, the quality of data on interventions is often poor, as agencies do not report the sample size, total cost etc. Second, the data cover a limited number of countries, making it difficult to come up with regional cost-effectiveness estimates. Third, interventions differ in scope, approach and objectives, making a sound comparative analysis difficult.

The need for carefully designed incentives: incentives for programmes for OVC should reward altruism i.e. potential foster families who feel they cannot afford the care of an orphan should be encouraged by incentives. To avoid potential abuse, home visits should be paid by church or community members trained to recognise signs of mistreatment.

Political economy: more broadly targeted programmes may elicit greater political support and a larger budget.

6. Social Protection for Orphans: Good Practices

Fostering: placing children with family members promotes their integration into society and reduces the risk of marginalisation. Nonetheless, in the SSA context, orphans may experience discrimination in food allocation and workload etc. One NGO called World Vision has been active in promoting informal fostering over the last ten years in Uganda. World Vision has learned that it is best to build on traditional structures by a) not separating siblings; b) avoiding stigma by targeting AIDS orphans; c) providing foster families with access to health and HIV/AIDS education; d) providing counselling; e) ensuring the livelihood of foster families; and f) involving infected parents before their death to plan and provide for their families. Donors, governments, NGOs etc can encourage fostering through public awareness campaigns as well as providing the necessary funding for families who cannot afford to care for an additional child. Making fostering successful could also entail: working with caregivers, locating family members, preparing wills and family histories and so on. Orphans can also be assisted indirectly by giving foster families a cash subsidy or a subsidy to start an income-generating activity. However, all types of programmes designed to aid OVC should aim to increase the income and welfare of the entire foster family rather than just the orphan and in this way avoid the stigma often associated with assistance specifically targeted to orphans.

Education subsidies for orphans who are not in school would be beneficial for four reasons: (a) subsidies are easy to monitor and less prone to fraud; (b) subsidies would enable orphans to attend school; (c) orphans would be better integrated socially; and (d) in the long term, orphans would have the necessary skills to make them more productive members of society. School subsidies have not yet been tried for Africa's orphans, although in Brazil, the *Bolsa Escola Program* gives cash grants to families on the condition that children attend school for a minimum number of days per month. Evidence shows that school attendance has increased and that drop outs have decreased. However, prohibitive school fees are not the only reason that children do not attend school, e.g. many countries have problems with the quality of schools (absentee teachers, lack of facilities etc.). Other important issues are whether school subsidies should cover school fees only for the orphan or for additional children in the family as well, to minimise stigma to the orphan. Another consideration is whether families should be compensated for the value of a child's lost labour. It is clear that assistance components should be designed to address these concerns.

Health and nutrition subsidies can lengthen the life expectancy of orphans, improve children's ability to attend school and their learning achievement, enhance their productivity as they become adults and prevent increased health costs later on in life. However, supervising clinics is complex and there is evidence of health care workers refusing to provide care for children orphaned by AIDS.

Family tracing and reunification: locating relatives of children orphaned by war is normally a one-off investment, providing that the relatives can be found and are willing and able to foster the child. Unfortunately,

tracing relatives is not always possible; firstly, because children are often expelled from villages as a safety measure and; secondly, for tracing to succeed it is necessary to know the personal history of the child, which may be difficult to elicit especially if the child has been traumatised. Costs of tracing are difficult to estimate, although in Eritrea it was calculated to be \$305 per year in 1995-96, which worked out to be lower than the cost of housing a child in an orphanage, which was \$1,350.

Orphanages in SSA countries have been around for decades and many still exist particularly in post-conflict countries where they are typically run by NGOs. Some children in orphanages are not in fact orphans but have been sent there by their parents who believe the orphanage can provide better care. Missionary orphanages often provide education too, which parents rightly regard as an advantage. However, orphanages fail to address the root causes of poverty and are expensive, yet given the growing number of orphans in Africa, residential care may be the only solution for thousands of children. Institutional care is generally not culturally, socially or financially acceptable and should only be considered as a last resort. A major constraint of orphanages is that their costs tend to be high while their capacity to absorb orphans is very low (often 100 children maximum). Furthermore, given that most orphanages depend on outside funding, the only way to make them self-sufficient would be to introduce income-generating activities.

Children's villages could be a way of converting and enlarging orphanages. The advantages to such an approach are: (a) children's villages attract NGOs; (b) economies of scale can be realised relatively easily; (c) when located within communities, children's villages can seek help from community members in times of need; (d) when located near religious institutions, children's villages can form partnerships with church groups. The main disadvantage of these villages is that like orphanages they are not self-sustainable.

7. Concluding Remarks

- Interventions need to be chosen carefully to address the specific risks faced by orphans in a given country and to strengthen existing community strategies rather than supplant them
- Orphans risk dropping out of school or never being enrolled, this is especially true for girls
- Evidence shows that orphanhood poses a threat to children's education and health
- Interventions must be country-specific
- Care needs to be taken that fostering of orphans by relatives does not lead to discrimination in food allocation, access to education etc.
- In post-conflict situations, fostering may require a programme of tracing and reunification to place orphans with relatives
- To promote fostering, both direct and indirect subsidies have a role to play
- Income-generating schemes for foster families will only be effective if followed up with training
- Orphanages should be the last resort as they are expensive and culturally incompatible
- Current efforts to address the OVC problem are piecemeal and require a co-ordinated response to be truly effective

* This document has four appendices containing statistical information

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