

So far, the AIDS epidemic has left behind an estimated 14 million orphans\*. 80% of the AIDS orphans live in sub-Saharan Africa.

### HIV/AIDS Orphans statistics

Region	Total number of orphans since the epidemic began
Sub-Saharan Africa	11 million
<b>Global Total</b>	<b>14 million</b>

However, the orphan crisis is not restricted to sub-Saharan Africa. There are an estimated 1.8 million orphans living in South and South-East Asia, 85,000 in East Asia and the Pacific, 330,000 in Latin America, 250,000 in the Caribbean, and 65,000 in North Africa and the Middle East. The rest of this page will concentrate on AIDS orphans in Africa.

Already there are, for example, an estimated 1 million orphans living in Nigeria, 890,000 in Kenya and 780,000 in Zimbabwe. These numbers will increase as the epidemic develops. **It has been estimated that the number of children orphaned by AIDS will rise dramatically in the next 10-20 years, especially in southern Africa. In South Africa alone, it is estimated that, by 2010, there will be 1.5 million children orphaned as a result of AIDS.**

### The scale of the problem

As the number of adults dying of AIDS rises over the next decade, **an increasing number of orphans will grow up without parental care and love and will be deprived of their basic rights to shelter, food, health and education.**

In African countries that have already had long, severe epidemics, AIDS is generating orphans so quickly that **family structures can no longer cope.** Traditional safety nets are unravelling as more young adults die of AIDS related illnesses. **Families and communities can barely fend for themselves, let alone take care of the orphans.** Typically, half of the people with HIV become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents or left on their own in child-headed households.

More children have been orphaned by AIDS in Africa than anywhere else. The deep-rooted kinship systems that exist in Africa, extended - family networks of aunts and uncles, cousins and grandparents, are an age-old social safety net for such children, and it has long proved itself resilient even to major social changes. But capacity and resources are now

stretched to breaking point, and those providing the necessary care are in many cases already impoverished, often elderly and have often themselves depended financially and physically on the support of the very son or daughter who has died.

*'Almost throughout sub-Saharan Africa, there have been traditional systems in place to take care of children who lose their parents for various reasons. But the onslaught of HIV slowly but surely erodes this good traditional practise by simply overloading its caring capacity by the sheer number of orphaned children needing support and care. **HIV also undermines the caring capacity of families and communities by deepening poverty due to loss of labour and the high cost of medical treatment and funerals.**'<sup>1</sup>*

### **The way forward**

The way forward is prevention and care. The rest of this page is devoted to issues around the care of AIDS orphans in Africa. But what is also important is prevention, preventing more people from becoming infected with HIV in the future, and care to prevent people from dying of AIDS, This will prevent even more children from becoming orphans over the course of the next few years.

Growing up in communities disrupted by the epidemic, orphans are more likely to cope if they can live in surroundings that are familiar, stable and as nurturing as possible. Many believe that orphans should be cared for in family units through extended family networks, foster families and adoption. At the very least, siblings should not be separated.<sup>2</sup> But the extended family can only serve as part of the solution to mass orphanhood if adequately supported by the state, community and other sectors.

As projections of the number of AIDS orphans rise, some calls have been heard for an increase in institutional care for children. This solution is impracticably expensive. In Ethiopia, for example, it was estimated in 2000 that keeping a child in an orphanage cost between US\$300 and US\$500 a year, over three times the national income per person.<sup>3</sup> It is also tragic for children to be separated from their siblings, taken out of their communities, and raised in situations which do not prepare them for life as an adult.

*'Orphans don't need to be reminded of why they are alone. About the worst thing that can happen to these kids is to be separated from their siblings.'*<sup>4</sup> -Mark Connolly, a UNICEF Specialist-

Institutionalisation stores up problems for society, which is ill equipped to cope with an influx of young adults, who have not been socialised in the community in which they have to live.

There are other alternatives available. An example is the approach developed by church groups in Zimbabwe, where they recruit community members to visit orphans in their homes where they live either with foster parents, grandparents, other relatives or in child-headed households. The community members visit weekly or twice monthly, ensuring that carers and children get the material and emotional support they need in order to keep the household together. Households caring for orphans are provided with clothing, blankets, school fees, seeds, and fertiliser as necessary. The communities contribute to activities such as farming communal fields and generating income to support the programme.<sup>5</sup>

Empowering affected children first of all means regarding them as active members rather than just victims. Many children already function as heads of households and as caregivers. They are a vital part of the solution and should be supported in planning and carrying out efforts to lessen the impact of HIV/AIDS in their families and communities. Much can be done to ensure the legal and human rights of AIDS orphans. Many communities are now writing wills to protect the inheritance rights of children and to prevent land and property grabbing (an adult attempting to rob orphans of their property once the children have no parents to protect their rights).

*'You find that the parents have been productive and have left assets for the children but immediately after their deaths, the relatives squander everything. Those that are left without anything are just being used for the food rations'.<sup>6</sup>*

Keeping orphans at school is crucial for their future. It can provide education that can work as a safety net in the child's life. Schooling can also help to break the cycle of poverty. A study in Kenya found that 52% of the children orphaned by AIDS were not in school compared to 2% of non-orphans.<sup>7</sup> Therefore, it is important that great efforts are made to keep orphaned children at school.

'There has to be a Herculean effort made for these kids so we don't lose them. Otherwise...you will have a society where kids haven't been to school and therefore can't fulfil even basic jobs...a society where a large proportion can have anti-social instincts because their lives have been so hard. You have a generation of children who will be more vulnerable to exploitation and to disease because they won't have the same sense of self-worth.'<sup>8</sup> -Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa-

### **Difficulties faced by AIDS orphans**

Of the many vulnerable members of society, young people who have lost one or both parents are among the most exposed of all. And this is particularly true in sub-Saharan Africa, where few social support systems exist outside of families and where basic social services are largely inadequate. There is a concern that they might come to constitute a 'lost

generation' of young people who have been marginalised and excluded for much of their lives.

**The vulnerability of children orphaned by AIDS and that of their family starts well before the death of a parent. The emotional suffering of the children usually begins with their parents' distress and progressive illness. This is compounded as the disease causes drastic changes in family structure resulting in a heavy economic toll, requiring children to become caretakers and breadwinners, and fuelling conflict as a result of stigma, blame and rejection.**

*'We should remember that the process of losing parents to HIV/AIDS for the children often includes the pain and the shame of the stigma and the fear that the disease carries in most our societies'.<sup>9</sup> -Statement by UNICEF representative Bjorn Ljunqvist-*

Eventually, the children suffer the death of their parent(s) and the emotional trauma that results. They then have to adjust to a new situation, with little or no support, or they may suffer exploitation and abuse.

**AIDS orphans are often at greater risk of illness, abuse, and sexual exploitation than children orphaned by other causes. They may not receive the health care they need, and sometimes this is because it is assumed they are infected with HIV and their illnesses are untreatable. Orphans generally are often thought to run a greater risk of being malnourished and stunted than children who have parents to look after them, although some studies have found that orphans are not significantly more likely to show signs of malnutrition than non-orphans regardless of whom is caring of them.**

**Orphans enduring the grave social isolation that often accompanies AIDS when it strikes a family, are at far greater risk than most of their peers of eventually becoming infected with HIV. Often emotionally vulnerable and financially desperate, orphans are more likely to be sexually abused and forced into exploitative situations, such as prostitution, as a means of survival. Girls are also in greater risk of becoming infected at a younger age than boys, because they are biologically, socially and economically more vulnerable. Also, orphaned children are more likely to drop out of school and to be drafted into child labour.**

Since HIV can spread sexually between father and mother, once AIDS has claimed the mother or father, children are far more likely to lose the remaining parent. Children often find themselves taking the role of mother or father or both - doing the housework, looking after siblings and caring for ill or dying parent(s). The children are plunged into economic crisis and insecurity by their parents' death and struggle without services or support systems in impoverished communities.

**Children grieving for dying or dead parents are stigmatised by society through association with HIV/AIDS. The distress and social isolation experienced by these children, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surrounds people affected by HIV/AIDS. Because of this stigma and often-irrational fear surrounding AIDS, children may be denied access to schooling and health care. And once a parent dies, children particularly in the case of girls, may also be denied their inheritance and property. Often children who have lost their parents to AIDS are assumed to be infected with HIV themselves. This further stigmatises the children and reduces their opportunities in the future.**

### **Country responses to the AIDS orphan crisis: Botswana, Malawi, Zambia, and Zimbabwe**

Efforts to protect children orphaned by AIDS are nearly as old as the epidemic, and many are beginning to show real progress. Several of these encouraging efforts have taken place in Botswana, Malawi, Zambia, and Zimbabwe, 4 of the 10 worst affected countries in terms of HIV prevalence.

#### **Botswana**

In Botswana, UNAIDS have estimated that 69,000 children had lost their parent(s) to AIDS by the end of 2001. By June 2001, Botswana had registered 28,000 orphans although this is less than the earlier projections of about 65,000 orphans by the year 2000.<sup>10</sup>

The government in Botswana encourages communities to provide care for orphans and to rely on institutional care only as a last resort. A National Orphan Programme was established in April 1999 to respond to the immediate needs of orphaned children. The programme is run by various government departments, NGOs, CBOs and the private sector. The programme's objectives are to review and develop policies, build and strengthen institutional capacity, provide social welfare services, support community-based initiatives and monitor & evaluate activities. A major goal of the Programme is to develop a comprehensive National Orphan Policy, based on the Convention on the Rights of the Child.

In the rural district of Bobirwa, district authorities have contracted out to the Bobirwa Orphan Trust the delivery of essential government services to orphans in the area. The Trust is made up of community volunteers and local extension staff - government paid employees, including social workers and family welfare educators. The members of the Trust identify and register orphans in the district, and through home visits, schools and churches, screen orphans using established criteria to identify the type of

assistance they need. They also initiate community-placed foster placement, and identify local groups who purchase food and clothing and distribute them to orphans. Needy orphans are assisted with food, clothing, blankets, counselling, toys, bus fares to and from school, school uniforms and other educational needs.

The Shining Stars Orphan Drop-In Centre - was created in 1998 to meet the needs of orphans and child headed households. The centre serves more than 250 children ranging in age from 2 to 18. The Shining Stars centre provides a place for children who are living with overburdened relatives somewhere else to go. In the centre children can play, do arts projects and practise traditional dance.

*'I don't know exactly what Shining Stars gives them, though they are very happy when they go'. But for me, when they are all there, it gives me the time and the privacy to cry'.<sup>11</sup>* - Grandmother whose children had died and who is caring for her grandchildren -

Traditionally, the orphaned children have been cared by the extended family. However, this practice is rapidly unravelling in Botswana as people are no longer willing to do this. It has been found in Botswana that the level of care the orphans receive is unacceptable and sometimes the family members use the orphans to benefit from the government orphan packages.

The care of AIDS orphans needs to be 'properly managed' as the government encourages communities to provide care for orphans and encourages institutional care only as a last resort. But there are still many obstacles and challenges to overcome, and AIDS has already done significant damage to previous progress in social development. Botswana is lacking the capacity to deal with a large number of orphans and this is slowing down the process of care. There is a need in Botswana to mobilise the communities more and go back to the traditional way of taking care of orphans.<sup>12</sup>

## **Malawi**

Malawi has been struggling with high levels of HIV infection which is made worst by extreme poverty. The AIDS crisis has had a crippling impact on the country's children and UNAIDS estimated that Malawi had 470,000 children orphaned by AIDS at the end of 2001.

As early as 1991, the Government of Malawi established a National Orphan Care Task Force. The Task Force was made up of various representatives and organisations which are responsible for planning, monitoring and revising all programmes on orphan care. One year later, in 1992, National Orphan Care Guidelines were established. The guidelines serve as a broad blueprint to encourage and focus sub-national and community efforts. The Task Force has also established a subcommittee that is reviewing existing laws and legal procedures to provide greater protection to vulnerable children.

There are many community organisations run by volunteers in Malawi. In rural and urban areas across Malawi, communities are developing a variety of ways to cope with the growing crisis of AIDS orphans. Village orphan committees have been established in many villages to monitor the local situation and to take collective action to assist those in need. Anti-AIDS clubs have also been created to educate communities about HIV/AIDS transmission and prevention, as well as to address the needs of those infected with the virus. In Namwera village, for example, the local school has formed an anti-AIDS club where pupils carry out AIDS-prevention activities as well as help needy orphans. After children in one family lost their parents to AIDS, and their house and living conditions rapidly deteriorated, one group of students built the orphans a kitchen for their home.

The AIDS orphan crisis in Malawi is a daunting challenge for the country and its government and resources are lacking in Malawi to handle the HIV/AIDS epidemic as a whole.

*'Orphans have little food, few clothes, no bedding and no soap...and as a whole, community care because of HIV/AIDS is overwhelmed and breaking down.'*<sup>13</sup>

Lack of administrative capacity at the national level coupled with inadequate resources has made it difficult for the Government to keep up with the growing epidemic.

*'The government acknowledges that its support has been grossly inadequate and the condition of orphans is made worse by extreme poverty and the erosion of extended families. Malawi has, however, been praised for its humane and exemplary treatment of orphans despite the meagre resources.'*<sup>14</sup>

Poverty is a huge problem in Malawi and it is estimated that 65% of the people live below the poverty line. Malawi is one of the poorest southern African countries and has been facing acute food shortages due to severe regional drought. Many people are unable to take on the responsibilities of extra children because they are already strained.

*'Communities who want to help but are living on the edge of starvation, have run out of ways to feed orphans. Farmers say, 'we cannot get food to feed them.'*<sup>15</sup>

More action and money are needed in Malawi for the care of AIDS orphans and providing schooling for the orphans is essential. Schooling can empower the children and give them skills and hope for the future. Otherwise, if insufficient action is taken, there is a danger of a huge generation of uneducated youths and adults.

## **Zambia**

The AIDS epidemic has had a devastating impact on communities in Zambia. The estimated number of children orphaned because of AIDS is 570,000, and it has also been estimated that the number of orphans will rise to nearly one million by the year 2014.<sup>16</sup>

In Zambia, one of the countries hit hardest by the HIV/AIDS epidemic, the traditional mechanism for the care of vulnerable children, the extended family, has started to break down under the twin pressures of poverty and disease.<sup>17</sup>

*'It is very hard to find a family in Zambia that hasn't been personally touched. It's very hard to find a child that hasn't seen or witnessed a death related to HIV/AIDS.'*<sup>18</sup>

Often the members of the extended family are elderly and find looking after orphans and bringing them up a huge challenge.

*'One 70-year-old woman raising her 4 grandchildren told researchers that 'ever since these children were brought to me I have been suffering. I am too old to look after them properly. I cannot cultivate...and the food does not last the whole year.'*<sup>19</sup>

For many children in Zambia, the loss of parents brings hardship, an end to schooling and stigmatisation by other people.

*'Our parents died in 1995. When this happened, our relatives ran away from us. This surprised us because, being our relatives, we thought they would care for us. Our parents had a big farm, but it was taken from us so we had nowhere to grow food. My younger brothers and sisters became beggars; they would walk from house to house asking for food.'*<sup>20</sup>

Some children are taken in by neighbours, or find a bed in one of Zambia's very few orphanages. For the rest, there are only the streets of Zambia's cities, where children lacking adult supervision and a stable home, survive by begging and petty crime.<sup>21</sup> Child-headed households, once a rarity in Zambia, are now increasingly common, but formal and traditional inheritance, land ownership and health and education policies have not kept pace with their needs.

The Kaoma Cheshire Home serves the area in Zambia with the largest number of orphans. It is one of the few programmes that provide institutional care for infants orphaned by AIDS. But it still aims to return the children to their communities as soon as circumstances permit.

Zambia's financial difficulties do not allow the government to provide free education. The government pays teachers' salaries, but local school management committees must cover operating costs by charging enrolment fees and setting requirements for uniforms. As a result, an end to education is often an early consequence of orphanhood and the loss of family income. In an effort to keep children in school, communities have developed three types of response. The first is to lobby local school

management committees to not claim fees from the most vulnerable children. A second community strategy is to raise money for orphans' school fees. A third way is the Open Community Schools programme-community run schools without fees or dress codes using volunteer teachers, donated space and a curriculum that compresses the first six years into three.

One multi-sectoral project in Zambia is Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (Scope-OVC). This support programme is implemented by CARE/Zambia with help from Family Health International (FHI) and funding from the U.S. Agency for International Development (USAID). In 2002 the project offered life-sustaining care and support services for over 137,000 orphans and other vulnerable children. The project works to keep siblings together and children within extended families and communities. Scope develops district and community level capacity and resources to respond to the needs of orphans and vulnerable children. Scope also tries to build partnerships and networks and sustain old ones with community-based organisations that provide care and support for children.<sup>22</sup>

The Lusubilo Orphan Care Project was started in 1997 and has grown bigger ever since. Situated in Karonga Township, the project offers educational, spiritual, financial and social support to more than 4,000 orphans from 30 villages in the district. The project also aims to strengthen the economical capability of older orphans, guardians and village communities through training in vocational business management skills and provision of start-ups. The project is also providing the orphans with access to technical school, life-skills, information about human rights, medical care and food. The Lusubilo project has proved very popular and some children are travelling 30-40 kilometres from other districts to get support.<sup>23</sup>

## **Zimbabwe**

Zimbabwe has one of the worst AIDS epidemics in the world and it has so far left behind an estimated 780,000 AIDS orphans. It is believed that the worst affected children are those in rural areas, where there have also been shortages of drugs, food and other resources. The orphan crisis first came to national attention in July 1992, when Zimbabwe's Department of Social Welfare co-ordinated a national conference on orphans. It was recognised that compared to institutionalisation, community based care was cost-effective and kept children in a familiar social, cultural and ethnic environment and reduced their distress. In 1995, the Government of Zimbabwe developed a national Policy on the Care and Protection of Orphans, which was finally approved by the cabinet in May 1999. The Policy reaffirmed the position that orphans should be placed in institutions only as a last resort. As many journalists from number countries are not able to enter Zimbabwe, there is a lack of up-to-date information of many

issues. The following examples of orphan care in Zimbabwe are some initiatives that have taken place.

In 1986, the Farm Orphan Support Trust (FOST) of Zimbabwe was set up as a community response to the situation of orphans in commercial farming areas. FOST aims above all to keep sibling orphans together, within a family of the same culture, and in a familiar environment. It operates foster schemes on farms, using farm committees to train caregivers, establish monitoring procedures, and raise community awareness. All the farms register orphans individually and send information to a centralised computer bank. This procedure helps with the tracing of relatives.

FOST promotes five levels of orphan care. It's preferred care is within the extended family. If that is not possible, orphans are placed within substitute families. The third choice is for small groups of orphans to live together on a farm, looked after by a caregiver employed by the farm for this purpose. The next most preferred type of care is an adolescent child-headed household with siblings remaining together, preferably in the family home. Here they are cared for by the eldest child with regular supervision and support provided by the farm's Child Care Committee, the community and the local field officer. Finally, if nothing else is available, FOST will arrange for temporary care in an orphanage, until a better solution can be found.<sup>24</sup>

The Zimbabwe Red Cross has launched a project called 'memory box' to help mothers to preserve their families cultural heritage and communicate with their children long after their death. Women who take part in the project make a memory box with their children. It serves as a 'keepsake' of family photographs, letters, stories and history. The Red Cross believes that the program helps to diminish the trauma of a parent's death and keeps the memory of the mother alive. The project also helps women empower themselves. A single mother of three believes her memory box will help her children fulfil her wishes.

*'I want them to go to university so that they can teach other children that if you don't have a father at present only your mother, you can be someone.'*<sup>25</sup>

Many children in Zimbabwe as in many other countries find themselves being cared for by their grandparents. Providing care and support for the orphans is hard for the elderly carers who are often in poverty and sometimes also in poor health themselves.

*'Looking after orphans is like starting life all over again, because I have to work on the farm, clean the house, feed the children, buy school uniforms...I thought I would no longer do these things again. I am not sure if I have the energy to cope'*<sup>26</sup> - 65-years old man who is a caregiver for three school-aged children-

Many elderly carers rely and survive with the help of food distribution programmes due to the ongoing food crisis in Zimbabwe.

*'It is hard to provide food for the children as I am unemployed. As a mother, I cannot let them go hungry, so I always try my best to provide for them'*<sup>27</sup> -Agnes, grandmother aged 68 years-

In a study that was carried out in Zimbabwe, it was found out that many older people who care for their HIV-infected adult children or orphaned grandchildren also face the harsh realities of stigma attached to the disease. The study recommends that the older people should be recognised as carers and should be offered adequate support.<sup>28</sup>

A new initiative has been planned by local orphanages in Zimbabwe. Every orphanage in Zimbabwe is to set up a clinic to look after the orphans in the home as well as those in their outreach programmes in the community. The clinics will provide medical care for the orphans who would otherwise have to suffer opportunistic infections without medical care. The orphanages find it difficult to rely on the state assistance to care for the HIV/AIDS orphans. So the orphanages have decided to search for funds to build the clinics. The representatives of the children's homes said they had a five-year plan that should lead to most of the clinics operating by 2007. But the project is likely to face problems initially with the cost of building materials and land and later on with the very high prices of drugs and medical equipment.<sup>29</sup>

### **What needs to be done?**

It is very difficult to estimate the number of children orphaned by AIDS each year, but whatever the figures, it is clear that there is an enormous problem. Millions of children have already lost at least one parent to the epidemic, and millions more will do so in the years to come. The need now is to help, care and protect these children and this can be only done with increased financial support and commitment.

We also need to prevent more children from becoming orphans in the future, by providing HIV positive adults with the care and support they need.