

## Orphans and vulnerable children

Although more than 2 million children are living with HIV, an even greater number have been affected by the illness and death of parents and family members and the economic and social devastation of communities. Disproportionately striking young adults—AIDS is now the leading cause of death worldwide of people ages 15–49—the epidemic is creating a terrible and rapidly growing new crisis of orphans and vulnerable children. In the highest-prevalence countries, the unprecedented number of orphans is threatening to overwhelm the capacity of extended families and communities to provide adequate care. In the long run, the epidemic's impact on children may pose risks to social stability, cultural continuity, and economic development, although there is so far little evidence to support the more alarmist scenarios.

The 2001 Declaration of Commitment on HIV/AIDS, promulgated by the UN General Assembly Special Session on HIV/AIDS (UNGASS), mandated care for orphans and other children made vulnerable by AIDS as a core element of a comprehensive response to the epidemic (articles 65-67) (UN General Assembly 2001). Yet the growing orphan crisis has received far too little attention and resources, perhaps because this aspect of the epidemic has been less pronounced in the developed world and because children have little or no political voice of their own. Although we focus primarily on prevention and treatment in this report, we also address the effect of the epidemic on children to draw attention to this neglected issue, while touching on the broader challenges of mitigating the impact of AIDS on families, communities, and societies. An additional reason for addressing this issue in our report is that children orphaned or otherwise affected by the epidemic are themselves more vulnerable to HIV infection. Thus, the humanitarian imperative—and obligation under international conventions—of caring for vulnerable children can also be seen as part of a comprehensive prevention strategy.

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Data on orphans have improved considerably in recent years, and a sense of the scale of the crisis is beginning to emerge. Before reviewing this evidence, some matters of definition must be addressed. First, this report will follow recent convention in defining orphans as children who have lost one parent (single orphans), as well as those who have lost both parents (double orphans). Although it may not correspond to common usage, at least in the West, this definition has been adopted by UNICEF and the other organizations leading the effort to gather and analyze data on children affected by AIDS.<sup>1</sup> While some children will be left very vulnerable by the death of a single parent, others will be far less affected—and of course many children who are not orphans live in single-parent households. But the death of a parent must always be a profound emotional trauma, and often has important, even devastating economic and legal consequences. Moreover, no simple definition of orphanhood could reliably identify the subset of children most affected by parental death.

Second, we will include in our discussion children up to the age of 18. While other reports have used lower cutoff ages, this is the definition used by *Children on the Brink 2004*, the UNAIDS/UNICEF/USAID (2004) report from which much of the statistical information in this chapter is drawn.<sup>2</sup> This is an important distinction, since adolescents make up the majority of orphans (see below).

Children orphaned by AIDS are children who have lost one or more parent to AIDS.<sup>3</sup> The broader category of vulnerable children, defined by *Children on the Brink 2004* as “children whose survival, well-being or development is threatened by HIV/AIDS,” potentially encompasses children with sick family members, those who live in a household caring for orphans, and those who are living with HIV themselves, among others.

**Scope of the crisis**

*Children on the Brink 2004* estimates that approximately 15 million children under 18 years old have been orphaned by AIDS worldwide (UNAIDS/UNICEF/USAID 2004). This number is not derived from any attempt at direct enumeration, but inferred from a country-by-country analysis of demographic data and mortality projections, validated when possible by survey data. There are many sources of uncertainty in this estimate—the report itself suggests that the true number is likely to lie between 13 million and 18 million—but it results from more sophisticated methods than previous estimates. The report also includes tables of national estimates. These data, together with subnational and community-level information, will be the most important for guiding policy.

Of the 15 million children orphaned by AIDS, 12.3 million, or more than 80 percent, are in Sub-Saharan Africa, reflecting not only the region’s disproportionate burden of HIV infection, but also the African epidemic’s relative maturity. AIDS mortality, and thus the number of AIDS orphans,

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lags well behind the number of people living with the virus as an epidemic grows. For this reason, the number of children orphaned by AIDS is projected to rise sharply in the coming years, even in regions where prevalence is stabilizing. *Children on the Brink 2004* estimates that by 2010 there will be 18.4 million orphans as a result of AIDS—and over 40 million orphans overall—in Sub-Saharan Africa.

Globally, AIDS is responsible for only a relatively small share, perhaps 10 percent, of orphaned children. Even in Sub-Saharan Africa, most children—more than 70 percent—are orphaned by other causes. But in the hardest-hit countries of southern Africa, AIDS is now the dominant cause of parental death. In Botswana, for instance, 77 percent of orphans have lost a parent to AIDS. Moreover, in Botswana an extraordinary 20 percent of all children are orphans, compared with 12.3 percent for Africa as a whole, and 8.4 percent for the world. The fraction of children who are orphans varies considerably across Africa, reflecting in large part the uneven impact of AIDS (map 4.1).

It is important for several reasons to place the crisis of children who have lost parents to AIDS in the broader context of children orphaned by all causes. First, a sense of how the numbers of AIDS orphans compares with the total number in a particular country or locality might give some indication of the degree to which traditional mechanisms for caring for children who have lost parents may be strained by the added burden imposed by AIDS. Second, this proportion might be an important factor in deciding whether and how to target services specifically to AIDS orphans, although the task force believes that in general this is not a good idea (see below).

Finally, examining how this share varies among countries and regions illustrates again how vital it is to consider local realities in any discussion of the impact of AIDS. To note that AIDS orphans are outnumbered by children orphaned by other causes, even in most of Africa, is not to diminish in any way the terrible suffering the epidemic has imposed on millions of children, nor to reduce the urgency of responding to the crisis, but only to inform policy choices and to emphasize the importance of developing a comprehensive strategy for ensuring that all vulnerable children are cared for.

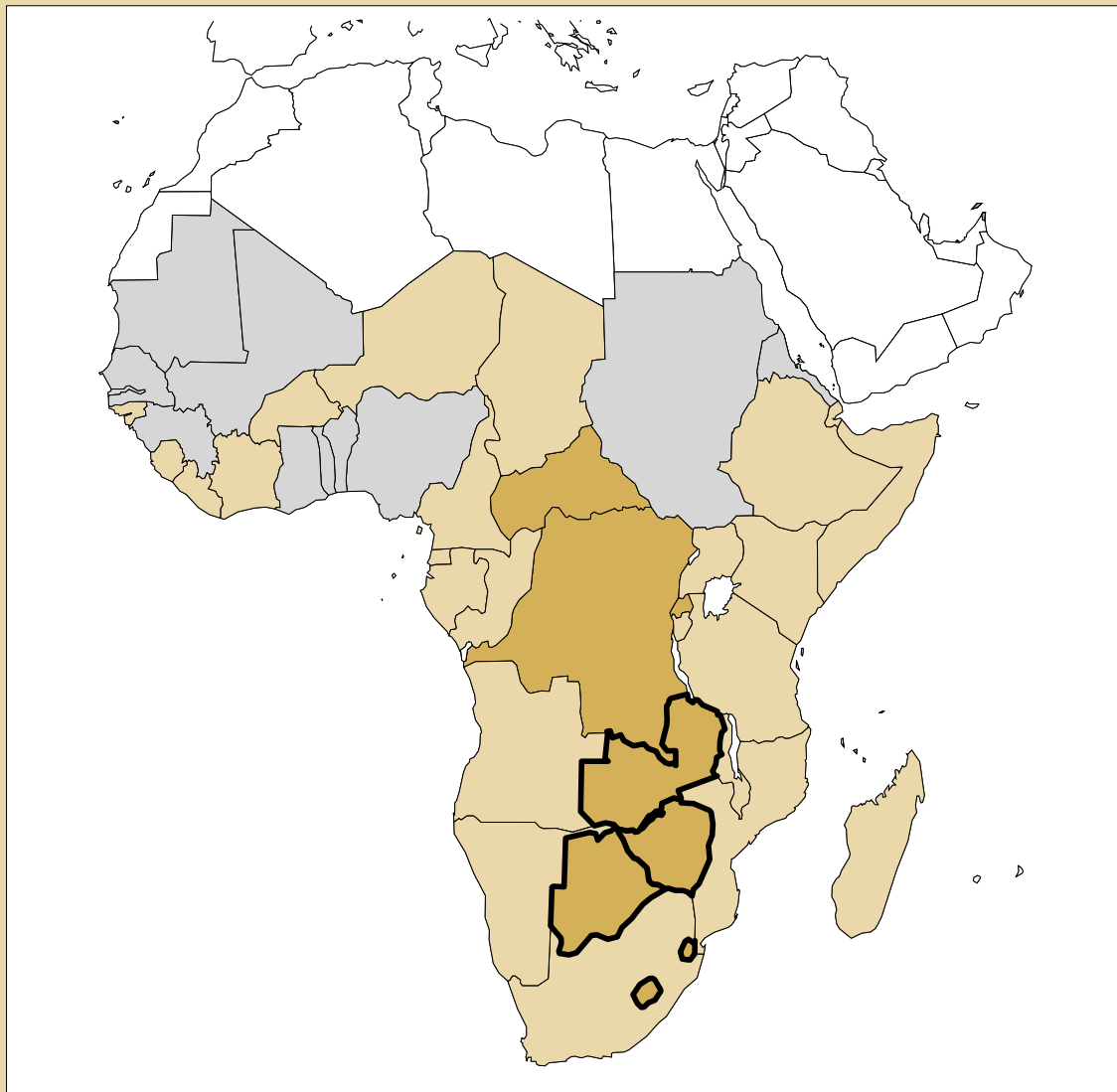
The impact of AIDS on the number of double orphans (children who have lost both parents) is even greater, since the possibility of passing the virus from one parent to the other increases the chance that both will die. Of the estimated 7.7 million double orphans in Sub-Saharan Africa at the end of 2003, 60 percent lost one or both parents to AIDS; this fraction (and the total number of double orphans) will increase substantially by 2010 unless access to anti-retroviral treatment is scaled up dramatically.

Much less data are available on children made vulnerable by AIDS in various ways. A recent costing study estimated that there are about 2.5 million children with a parent in the last year of life,<sup>4</sup> while the total number of vulnerable children is sometimes estimated at two to four times the number

**Map 4.1****The orphan crisis  
in Africa**

*Orphans as a share of  
children under 18, 2003 (%)*

Source: Based on data from  
UNICEF/UNAIDS/USAID 2004.



■ Less than 11%    ■ 11%–15%    ■ 16%–20%    ■ Children orphaned by AIDS constitute more than half of all orphans

of orphans.<sup>5</sup> Better information on children in these circumstances is critical, however, since in general programs for affected children should focus on

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reaching those in the greatest need rather than those who meet narrow definitions of orphanhood (or AIDS orphanhood).

***Maternal and paternal orphans***

In the hardest-hit countries, AIDS is leaving more children without their mothers than without their fathers, while in Sub-Saharan Africa as a whole paternal orphans outnumber maternal orphans, as is the general pattern elsewhere. The needs of children who have lost mothers and fathers are likely to be different in important ways, and the relative impact of these losses will depend on the cultural (and legal) environment.

***Age***

Data on the ages of orphans are critical for good planning, since orphans of different ages will have very different needs. The recent statistical data reveal that most orphans (55 percent) are adolescents between the ages of 12 and 17 (UNAIDS/UNICEF/USAID 2004). Another third are between 6 and 11, while only 12 percent are under 5. Two points should be kept in mind in interpreting these global estimates. First, they map the ages of children today, not at the time they lost their parents: ages at orphaning would, of course, be lower. Second, these data are for orphans from all causes. Children orphaned by AIDS might be expected to be younger on average than other orphans, since the death toll from the epidemic is still rising and thus contributes disproportionately to more recent parental deaths.

***HIV infection***

Children who have lost parents to AIDS are more likely to carry the virus themselves than other children, both because they may have acquired it from their mothers and because their circumstances may leave them more vulnerable to becoming infected by sexual transmission or through injecting drug use. There seem to be few data on rates of HIV infection among orphans, but a few considerations suggest that only a relatively small proportion of children orphaned by AIDS (and, of course, a smaller fraction of all orphans) are likely to be living with HIV acquired from their mothers. The overwhelming majority of children living with HIV in the developing world have no access to effective treatment; even where more adults are receiving antiretroviral therapy, access for children has lagged behind (MSF 2004a). Yet, without treatment the life expectancy of most infants living with HIV is tragically short, perhaps no more than two years in the developing world, although some live to primary school age and even to adolescence (Gray and others 2001; Newell and others 2004). Since women are less likely to conceive in the later stages of illness (Lewis and others 2004), relatively few HIV-positive infants will outlive their mothers.

**The great majority of children who have lost a parent remain in the care of surviving parents or the extended family**

Growing access to antiretroviral therapy and services to prevent mother-to-child transmission in Africa and elsewhere will change this picture in several ways. Most important, widespread treatment can prolong the lives of parents and thus delay or prevent orphaning altogether, while reducing the number of children made vulnerable in other ways. Second, mother-to-child prevention services can protect many children from acquiring the virus from their mothers. Finally, bringing treatment to children, especially infants, will give many a chance to reach adolescence and adulthood, as it now has in the rich world. This will mean an increase in the number of older orphans living with HIV, and countries will have to plan for meeting the complex needs of these children. In particular, it will be critical to develop strategies for ensuring equitable and stable access to treatment for this very vulnerable population.

The greater social and economic vulnerability of children orphaned or otherwise affected by AIDS means that as they enter adolescence they are also more at risk of becoming infected through unsafe sex or, where this is an important channel of transmission, through injecting drug use. Here, too, there are few data, but at least one study confirms the greater risk faced by these children (see below). Girls are at substantially greater risk than boys, in large part because of vulnerability to exploitative relationships with older men (see chapter 2).

***Living circumstances***

Although far too little is known about the living circumstances of orphans today, household surveys have shed some light on their situation in some African countries. The first conclusion from these data is that the great majority of children who have lost a parent—more than 90 percent—remain in the care of surviving parents or the extended family (UNICEF 2003). Single orphans generally live with the surviving parent, while double orphans are most commonly found in households headed by grandparents. The relative frequency of these arrangements varies among countries.

These data, although enormously valuable, have important limitations. By their nature household surveys will not find children who are living on the street. Surveys may also miss many child-headed households, although these are thought to be relatively rare in most countries (Monasch and Boerma 2004). Not surprisingly, there is evidence from some African cities that orphans are disproportionately represented among street children (Nkouika-Dinghani-Nikita 2000; Zambia Central Statistical Office and ILO 1999). A recent UNICEF study in Blantyre, Malawi, and Kingston, Jamaica, however, found relatively few orphaned children—less than 1 percent—living on the street or in institutions.<sup>6</sup> Although we clearly need more information on these children and their circumstances, it seems fairly clear that they represent a small proportion of vulnerable children, at least at present. There is a danger

**Many households caring for orphans may be overstretched**

that their numbers will rise as the strain on families and communities grows over the coming decade.

The most important limitation of the data that we have on the living circumstances of affected children is that they do not tell us much about how well their needs are being met. Many households caring for orphans may be overstretched, and some may not treat orphans as well as their own children.

**Needs**

All children need a safe and supportive home environment, adequate nutrition, access to healthcare and education, and protection from abuse and exploitation. While these basic needs are far from being met for millions of nonorphans, orphans and other children affected by AIDS are put at special risk in a variety of ways.

***Poverty and malnutrition***

AIDS can have a devastating impact on the economic situation of families, threatening their capacity to feed themselves and to provide for the basic needs of children. Impoverishment can begin with the illness of family members and can work in several ways. First, the illness of family members with paying jobs can reduce or eliminate the family's income. Second, illness in farming families can cause shortages of labor at critical points in the agricultural calendar, such as plowing and planting, leading to less land being cultivated and lower production (Barnett and Blaikie 1992; Munemo 2004; Shah and others 2002). Expenses for healthcare may be catastrophic and constitute a third channel of impoverishment. Finally, other family members may have to take time away from outside or farm work to care for sick members of the household. These effects translate into food insecurity either directly by reducing food production or indirectly by decreasing income with which to purchase food. Although it is difficult to disentangle its impact from those of drought and (particularly in the case of Zimbabwe) political instability, AIDS has been blamed for increasing food insecurity in southern Africa (de Waal and Whiteside 2003).

After the deaths of parents, other factors add to the risk of poverty that orphans face. Where women and children do not enjoy secure inheritance rights, paternal and double orphans may lose access to land and other property. Many orphans find themselves in households headed by women or elderly relatives who may have limited earning capacity (UNICEF 2003). Moreover, households with orphans may care for larger numbers of children or include fewer adults and thus suffer from high ratios of dependents to adults of working age. The data on the wealth and income of households caring for orphans relative to other households have been somewhat equivocal, perhaps because the effects outlined above are balanced to some degree by a tendency to place orphans with better-off relatives when possible (Bicego and others 2003). It is

**One of the most important consequences of orphanhood can be loss of access to education**

likely that the time of greatest economic vulnerability for many children may be when their parents are still alive but ill and no longer able to work, or soon after the parents have died and before stable arrangements for the children have been found.

Increased poverty can lead to reduced access to education (see below), malnutrition, and even reduced survival. There are little data on either the nutritional status or survival of orphans, but some studies have shown a link between mortality of children under 5 and death of the mother (Ainsworth and Semali 2000).

***Disinheritance***

Disinheritance of orphans or their widowed mothers can pose a grave threat to the economic security of orphans. Even where women enjoy equal property and inheritance rights under the law, legal systems may be weak or corrupt and these rights may be poorly enforced. Moreover, women are often unaware of their rights and may be disadvantaged in legal disputes by lack of education and lack of access to the justice system. Property rights, especially the right to own or make use of land, are often subject to customary as well as official law, and to traditions like wife inheritance. AIDS and the stigma associated with it have weakened traditional mechanisms for ensuring the livelihood of widows and orphans, while at the same time providing new justifications for land-grabbing and disinheritance (Global Coalition on Women and AIDS 2004; Strickland 2004).

***Access to education***

One of the most important consequences of orphanhood can be loss of access to education. Not only do orphans often find themselves in households that are less able to afford school fees and other expenses, but their schooling may be given a lower priority than that of other children in the same household. They may also face discrimination on the basis of perceived HIV status.

The ratio of school attendance of orphans to school attendance of nonorphans ages 10–14 is an UNGASS indicator as well as one of the core Millennium Development Indicators (see boxes 1.2 and 5.1), but most of the available evidence comes from household surveys. Data from a large set of African countries suggest that double orphans are less likely to be in school than nonorphans, but that the extent of the disadvantage varies considerably (UNAIDS 2003b; UNICEF 2003). In Mozambique orphans are half as likely to attend school, according to these data, while in Botswana the difference is apparently very small. (It is important to keep in mind that these surveys do not include the relatively small number of children living on the street or in institutions.) In general, household wealth has a much greater effect on school enrollment than orphan status (Ainsworth and Filmer 2002). A number of factors influence attendance rates: a recent study in Zimbabwe found that paternal orphans

## **Orphaned children are also left with emotional scars**

did better than maternal orphans, even though they were more likely to be in female-headed and poorer households (Nyamukapa and Gregson 2004).

### ***Psychosocial consequences***

Orphaned children are also left with the emotional scars caused by the illness and death of family members, made worse in many cases by having had to care for the ailing parent and, in the case of AIDS, by the prolonged and difficult nature of the illness (Barnett and Whiteside 2002a; Monk 2002). This trauma can manifest itself in many ways, including anxiety, depression, aggression, loss of self-esteem and confidence, drug abuse, insomnia, poor performance in school, and malnutrition. Moreover, distress over the death of parents can last many years, as a survey in Lusaka showed (FHI and SCOPE OVC 2002). Orphaned children may lack a sense of identity or belonging, status, or self-respect, and may have difficulty integrating themselves into society or maintaining normal relations with others (Kelly 2002).

### ***Vulnerability to HIV***

The poverty and social marginalization experienced by orphans and other children affected by HIV put them at greater risk of becoming infected with HIV themselves, by denying them access to information and to preventative health services and by constraining their ability to protect themselves. These risks are particularly great for girls. A recent study in Zimbabwe confirmed these all too plausible speculations, finding that girls 15–18 (but not boys) who had a deceased or ill parent were more likely to be HIV positive (Wambe and others 2004). An HIV prevalence survey in South Africa also found a higher rate of HIV infection in double orphans than in nonorphans, although the contributions of vertical and sexual transmission could not be teased apart (Brooks and others 2004). Another study of factors influencing unsafe sexual behavior in KwaZulu Natal Province in South Africa found that being an orphan increased risk even after controlling for education and household wealth (Hallman 2004).

### ***Social and economic consequences***

Some have expressed concern that the large number of children orphaned by AIDS could threaten social stability by preventing appropriate socialization, leading to rampant crime and a breakdown of social institutions (Barnett and Whiteside 2002a; Schonteich 1999). Although these alarmist scenarios cannot be dismissed out of hand, there is to date little evidence to support them (Bray 2003). Moreover, these predictions may rest in large part on exaggerated projections of the numbers of children orphaned by AIDS relative to other causes (recall that AIDS accounts for less than 30 percent of orphans in Africa as a whole) and on the misconception that a large share of orphaned children find themselves on the street. The broader strain imposed by AIDS

**The best solution to orphaning by AIDS will be prevention of HIV infection**

on families and communities in high-prevalence areas probably poses a greater danger in the long run, especially if food security or prospects for economic growth are threatened.

Studies of the economic impact of AIDS have reached widely varying conclusions. Some studies, relying on conventional analyses of labor supply and productivity, have predicted that even devastating epidemics might have only relatively minor effects on economic growth (reviewed in Haacker 2002).<sup>7</sup> In contrast, one of the most widely quoted studies argues that AIDS could cause far greater losses over the long run by disrupting transmission of human capital (skills and know-how) from one generation to the next (Bell and others 2003). This disruption is closely linked to the orphan crisis, since it is hypothesized to result from loss of parenting, as well as deprivation of schooling. The study asserts that South Africa's economy could virtually collapse over three generations if decisive action is not taken, both to prevent and treat HIV/AIDS and to mitigate its effects, especially by subsidizing education. Although these findings rely on many assumptions, they illustrate possible, even probable, ways that high rates of orphaning could have very damaging economic consequences and provide some guide to the kinds of policies that might best forestall these impacts.

In considering the possible impact of very high AIDS mortality in southern Africa, it may be instructive to consider the experience of Uganda, which experienced very high AIDS prevalence in the early 1990s and where rates of mortality and orphaning have already peaked. Although there has certainly been great suffering at the level of individuals, families, and communities, the economy has grown briskly and there has been no sweeping social breakdown. There is certainly no guarantee that the very different and even more affected societies of southern Africa will be able to match Uganda's remarkable resilience, but its example should be kept in mind in weighing the more apocalyptic scenarios.

### **Interventions and policies**

In the long term, the best solution to the tragedy of orphaning by AIDS will be prevention of HIV infection itself. More immediately, rapid expansion of treatment can play a critical role by prolonging the lives of parents. In addition, comprehensive family-planning services should be available to all women, including those who are HIV-positive (UNFPA 2004; UNFPA/UNAIDS 2004).

But the most affected countries cannot wait for these measures to take effect. They must act now to meet the needs of children who have already lost or will soon lose their parents. Moreover, mobilizing communities around care and support for affected people, both children and adults, will be critical to involving communities in prevention and treatment as well. Effective responses to the orphan crisis must be multifaceted, addressing the various needs of vulnerable children, and locally tailored, drawing on knowledge of

**Effective responses to the orphan crisis must be multifaceted**

local circumstances. They will depend critically on community knowledge and involvement, and they should build close links to prevention and treatment programs, especially at the community level.

***Broad strategies and general principles***

A broad process of consultation led by UNICEF and UNAIDS has led to a consensus document, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children in a World with HIV and AIDS*, which lays out five broad strategies and a number of more detailed recommendations (UNICEF and others 2004). The Framework has been endorsed by a broad range of organizations brought together by UNICEF in the first Global Partners Forum on Orphans and Vulnerable Children in October 2003, and subsequently by UNAIDS. The five strategies are:

- Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support.
- Mobilize and support community-based responses to provide both immediate and long-term support to vulnerable households.
- Ensure access for orphans and vulnerable children to essential services, including education and healthcare.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children affected by HIV/AIDS.

The task force endorses these priorities. We highlight as well three broad principles, each of which is widely, if not universally, accepted. First, the task force believes that, in general, services should not be targeted specifically to children affected by AIDS. Singling out children affected by AIDS would be unfair, as children orphaned by other causes will experience many of the same deprivations. Although children affected by AIDS (or thought to be) face the additional burden of AIDS-related stigma, treating these children differently from others is likely to make this situation worse. Singling out AIDS orphans is in any case impractical, since in many circumstances the cause of the death of parents cannot be ascertained. Instead, services for orphans and other vulnerable children should be provided to those most in need.

The Framework suggests a two-phase strategy for directing assistance to where it is most needed in the context of a high-prevalence AIDS epidemic. First, planners should target the regions and communities with the greatest concentrations of orphans and other vulnerable children, which in the hardest-hit countries will tend to be those most affected by the epidemic. Second, the affected communities themselves should take the lead in identifying children and families most in need. Although this is not an ideal solution—vulnerable

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children in less affected areas risk being deprived of assistance—it is a practical way to reach many of those in the greatest need without singling out children affected by AIDS within communities.

The second broad principle that the task force endorses is the importance of keeping children in families and assisting households to meet children's needs. The great majority of orphans and vulnerable children currently live with families, and these settings are in almost all cases better for their emotional and social development (International Save the Children Alliance 2003; Tolfrey 2003; UNAIDS/UNICEF/USAID 2004). Moreover, caring for children in institutions is considerably more expensive than supporting them in families and communities (Prywes and others 2004; USAID/UNICEF/UNAIDS 2002).

Although orphanages are neither a desirable nor practical answer for more than a fraction of orphans, they may have a role for children who would otherwise find themselves on the street or in abusive situations. Given the scale and diversity of need it seems unwise to rule out altogether any form of institutional care. At a minimum, governments have a responsibility to ensure that orphanages, where they do exist, provide adequate care and access to education.

A third broad principle of the response should be the leading role that must be played by communities. Although community participation will be critical to the success of prevention and treatment as well, a comprehensive effort to assist vulnerable children in the family setting is almost inconceivable without the commitment and participation of communities and community-based organizations, especially given the very limited reach of government structures in most of the hardest-hit countries. While national and local governments, with the assistance of donors, should build their capacity to plan, oversee, and finance child and family welfare programs, they will have to rely on community groups to identify families in need, determine the most important types of assistance, and deliver many services. Moreover, mobilization of communities and civil society to respond to the needs of vulnerable children can be a fundamental part of a broader response that can encompass care for the sick, support during antiretroviral therapy, and prevention.

The pivotal role of communities in the response to the orphan crisis does not absolve governments of their basic responsibility to enable, guide, and support this response and to intervene when local efforts founder or fail to meet basic standards of equity. Moreover, governments have primary responsibility for ensuring children's access to education and healthcare and for enacting and enforcing laws to protect the rights of vulnerable children. Finally, governments and donors will have to cover many of the costs of orphan programs.

***National plans***

At the national level, the first step in responding to the orphan crisis should be development of a comprehensive national strategy. Although UNGASS called for such strategies to be in place by 2003, only half of countries in Sub-Saharan

**Governments must ensure a supportive legal environment for vulnerable children and their caretakers**

Africa have met this deadline (Monasch and others 2004). Development of a national strategy should begin with a collaborative national assessment, involving a broad range of stakeholders and pulling together information on the geographic distribution and circumstances of orphans and vulnerable children, the impact and likely evolution of the AIDS epidemic, and the most urgently needed kinds of assistance (Williamson, forthcoming). This assessment should then inform the development of a national strategy or action plan outlining programs to meet the various needs of vulnerable children, detailing how much the programs will cost, and spelling out how they will be implemented and monitored, with appropriate roles for government at various levels, donors, nongovernmental organizations, and community groups.

***Legal measures***

As part of the national response governments must ensure a supportive legal environment for vulnerable children and their caretakers. The most important elements include laws protecting the inheritance rights of widows and orphans and the right of women to ownership or secure use of land. Even where such laws exist, they are often not well enforced or well understood (Global Coalition on Women and AIDS 2004; Strickland 2004). Efforts should be made to educate women and communities about these rights, especially where they may conflict with local custom, and to provide recourse to a trusted authority for the adjudication of disputes. A review of Save the Children's work in Uganda found that strengthening the capacity of district social welfare officers to settle property disputes had been one of its more successful programs (Witter and others 2004).

Governments must also work to protect orphans, including AIDS orphans, from discrimination in access to education and healthcare and from abuse and exploitation, including exploitative child labor. This will require substantial strengthening of local government capacity.

Birth registration is an important step in ensuring the rights of children. In many African countries fewer than 50 percent of births are registered (UNICEF 2003). More broadly, we join the Task Force on Maternal and Child Health in calling for investment in building national systems of vital registration, which will be critical to measuring progress toward all the Millennium Development Goals on health (UN Millennium Project 2005b).

***Specific interventions***

This report will not attempt a comprehensive review of the kinds of programs that have proved useful in meeting the needs of orphans and vulnerable children. Although nongovernmental organizations and community groups have now accumulated a considerable body of experience with small-scale programs of various kinds, much work remains to be done in extracting best practices from this experience. Development of a set of tested, replicable models for interventions of various types would greatly facilitate scaling up.

**A set of tested, replicable models for interventions of various types would greatly facilitate scaling up**

*Microeconomic strengthening, income-generating projects.* Many households caring for orphans require economic support, which can be provided in several forms. Rather than offering cash grants, many organizations prefer to help households to increase agricultural production or to earn money through small businesses, by providing free or subsidized inputs, technical advice, or micro-credit. Income earned in this way can be used to buy food, clothing, and other necessities and to pay school fees. In fact, profits from microcredit programs, especially those targeted to women, are often used to pay school fees (Williamson, forthcoming). Thus in theory microeconomic support programs could substitute at least in part for direct support of other kinds. But for programs of this kind to succeed, at least two conditions must be met. First, sufficient unexploited economic opportunities must exist locally. Second, the individuals or households needing help must be able to take advantage of these opportunities; this may not be the case for the most vulnerable families, those that are too unstable or include no healthy adults. These families will often require more direct support.

Although experience with these “income-generating activities” has been mixed (Williamson, forthcoming), this kind of support is in theory more sustainable than direct transfers. As with most child care and support activities, these kinds of programs require detailed local knowledge regarding economic opportunities and regarding the skills and capabilities of vulnerable households. As a result they are probably best implemented by community-based groups or local nongovernmental organizations, with funding from national governments and donors.

Many households that are not caring for orphans are also poor, of course, and there are dangers—and ethical issues—in using household composition as a criterion for financial support. Ideally, these forms of assistance would be provided as part of a broader system of support for disadvantaged households.

*Education.* Programs to ensure that orphans and other vulnerable children have access to education are among the most important. Since school fees are a critical barrier to access for children in the poorest households, as shown by the dramatic increases in enrolment seen in Uganda and Kenya when fees were abolished (Herz and Sperling 2004), the task force believes that the most effective and equitable way to increase access for vulnerable children would be to end school fees for all children. This will require increased funding, both to offset the loss of fees and to pay for expanding capacity to accommodate increased enrolment. In the poorest countries, substantial donor support will almost certainly be necessary. Where school fees cannot be eliminated for all children immediately, waivers for certain categories of vulnerable children should be considered. The major challenges to this approach are to equitably define and identify eligible children and to ensure that schools are compensated for the resulting loss of income. Swaziland recently announced a program under which the central government will pay the school fees of orphans and vulnerable children (IRIN 2004).

**Supporting  
vulnerable  
children and  
households  
requires  
detailed local  
knowledge  
and strong  
community  
involvement**

*School feeding programs.* School lunches offer a powerful way to support the twin objectives of alleviating hunger among children and keeping them in school. Although school meals may have to be supplemented by other forms of food support, they can provide a substantial share of a child's daily food requirement. Moreover, provision of free meals can significantly boost enrollment (WFP 2001). Finally, if school lunches are produced from locally grown food, they can boost local agricultural production. For these reasons, the UN Millennium Project Task Force on Hunger includes school feeding programs as one of the key interventions in its Early Action Plan for Africa (UN Millennium Project 2005c).

*Psychosocial support.* Psychosocial support programs should provide services both before and after the death of the parent. Before the death of the parent, one aim should be encourage open discussion between parents and children and to allow children to actively participate in decisions concerning their future. "Memory books" can help orphans to discuss their feelings and provide children with a physical reminder of their parents. After the death of the parent, children need a safe environment to talk about their feelings, either among peers or individually with a trusted adult. Several programs train teachers, religious leaders, community leaders, and other adults to provide support to orphans and other vulnerable children. One example is HUMULIZA, a pilot project in Nshamba, Tanzania. While HUMULIZA also provides school fees for orphans, its primary focus is psychosocial support (International HIV/AIDS Alliance 2003a; UNAIDS 2001b).

Psychosocial support programs can also further the socialization of affected children by creating opportunities for them to play with their peers or interact with and emulate the behavior of adults. An example of a successful program is the Zimbabwe Salvation Army Masiye Camp, which teaches children life skills using an Outward Bound approach. Other programs groups allow children to practice these skills in their own community by participating in peer support groups, community service, and income generating activities (International HIV/AIDS Alliance 2003a; UNAIDS 2001b).

***Community involvement and mobilization***

Supporting vulnerable children and households requires detailed local knowledge and strong community involvement. In many places, local groups are already trying to do what they can. If these efforts are to be brought to scale, governments and donors will have to find ways to nurture and support local initiatives without compromising local participation and ownership (Donahue and Williamson 1999).

Working with (and funding) community groups and local nongovernmental organizations can be challenging, since governments and donors have difficulty identifying and evaluating groups with the necessary capabilities, while grassroots organizations often lack experience with writing proposals,

**Programs for vulnerable children should be part of a network of prevention, care, and support services**

managing and accounting for funds, and monitoring and reporting on their work. Umbrella organizations or networks of community groups can help by linking donors to appropriate recipients or by channeling funds (Williamson and others 2001). Alternatively, donors can work through local committees. Organizations such as the International HIV/AIDS Alliance and its local partners can help to build the capacity of community groups. Developing better mechanisms for channeling resources to community organizations will become increasingly important as governments and donors seek to implement ambitious AIDS programs through local partners.

The Scaling-up HIV/AIDS Interventions Through Expanded Partnerships (STEPS) program in Malawi (formerly known as Community-based Options for Protection and Empowerment, or COPE), which is run by Save the Children (USA) and funded in part by USAID, is a promising example of donor and government assistance to community initiatives supporting vulnerable children and households (Hunter 2002). The program is built on a structure of village, community, and district AIDS committees established earlier by the Malawi government but strengthened and assisted by STEPS. Village committees develop and deliver a set of services, which can include home care; nutritional, emotional, and income support; and HIV prevention. The committees also identify local children and households most in need. STEPS works to mobilize communities through the local committees and provides training and supplies. As of 2002, the program had assisted more than 18,000 orphans and vulnerable children through almost 300 village committees in four districts (Hunter 2002; Opoku and Yamba 2001). By 2004, STEPS was supporting local activities in thirteen districts.

***Links to other HIV services***

In areas of high HIV prevalence, where AIDS is responsible for growing numbers of orphans, programs for vulnerable children should be part of a network of prevention, care, and support services. There should be strong links to treatment and care programs, especially those providing home care, to identify and help vulnerable children before they are orphaned. Programs for orphans can in turn identify and refer HIV-positive children for diagnosis and treatment. Orphan and home care programs may already have strong ties in some places, since both services are often provided by community and religious groups. The challenge will be to build stronger links to the formal health sector and to other arms of government.

At the same time, programs working with older children need to help them protect themselves against infection by providing information, condoms, and access to other prevention and reproductive health services. More broadly, prevention, care, and support for affected families and children should constitute interdependent elements of an integrated community response to the epidemic.

**The challenge will be to build stronger links to the formal health sector and to other arms of government**

*State of the response*

It is likely that most households caring for orphans and vulnerable children are not receiving substantial assistance of any kind, and that what help there is comes primarily from community groups, churches, and nongovernmental organizations with little financial or other support from governments.

Most countries in Sub-Saharan Africa have some kind of process under way to develop a national response to the needs of orphans and vulnerable children, but in most cases these efforts are still very preliminary. These are the conclusions from scores on the OVC Policy and Planning Effort Index, developed recently by UNICEF, USAID, and the Futures Group to measure national effort in this area (Monasch and others 2004). A majority of countries in Sub-Saharan Africa have conducted some kind of national assessment and established consultative processes and coordinating mechanisms; half have written national action plans. But the quality of most situation assessments is poor, and few plans are costed and resourced. The greatest weakness found by the survey was legislative review: few countries had implemented laws to protect the rights of vulnerable children, and even fewer had the resources to enforce such laws.

For almost all hard-hit countries, lack of funds will be an important obstacle to a comprehensive response to the needs of affected children. A recent UNICEF-sponsored analysis suggests that these efforts could be more expensive than previously thought. This study, based on data collected from organizations providing services to children in more than 20 African countries, found that providing a full set of services cost on average about \$600 per child per year.<sup>8</sup> Providing this assistance to those orphans and vulnerable children in households in need, defined as those living below the poverty line, would cost perhaps \$3.5 billion in 2004 and as much as \$6 billion in 2010 for Sub-Saharan Africa as a whole. Some of the components of these cost estimates, especially for food, seem high, but a recent World Bank costing analysis in Benin and Eritrea reached roughly similar estimates (Prywes and others 2004).

There appear to be few data on current spending on care and support for orphans and vulnerable children. Until recently, few large international initiatives had specifically targeted this population. The U.S. government's AIDS initiative earmarks funds for AIDS-affected children, and the Global Fund hopes to reach 1 million children with funds from its first three rounds of approved grants (Save the Children 2004; U.S. Department of State 2004).

**Recommendations**

- National governments must recommit themselves to developing and implementing comprehensive strategies and detailed, costed plans for meeting the needs of orphans and other vulnerable children, as mandated by the UNGASS Declaration of Commitment. The United Nations should more effectively support countries in fulfilling this commitment and more boldly call to account those that fail to do so.

## **Singling out AIDS orphans is impractical**

- National strategies must be backed by budgetary commitments. Governments should commit funds from their own resources to these programs, and donors should be prepared to fill remaining gaps where well-designed strategies have been developed. The total cost of providing adequate support for orphans and vulnerable children in Africa has been estimated at \$3.5 billion in 2004.
- The five key strategies outlined in the Framework for the Protection, Care, and Support of Orphans and Vulnerable Children (UNICEF and others 2004) should form the basis of national responses.
- The AIDS orphan crisis should be used as a lever to push national governments and the international community to live up to their responsibilities toward all vulnerable children, only a minority of whom are affected by AIDS. The most urgent effort should be directed at areas with very high HIV prevalence, however, because it is here that traditional mechanisms for caring for children are under the greatest strain.
- In general, services should not be targeted specifically to children orphaned or made vulnerable by AIDS. Singling out AIDS orphans is impractical, since the cause of parental death is usually not known; unfair, since children orphaned by other causes are likely to suffer similar deprivations; and unwise, since it could contribute to AIDS stigma. It may make sense to direct some specialized services, including counseling, to children whose parents are dying or have died from AIDS. These services could be linked to home-based care for AIDS patients.
- The primary focus of programs for orphans and vulnerable children should be to assist families, which already care for the great majority of these children, to meet their needs. Institutional care should be available as a last resort for children who would otherwise find themselves on the street or in abusive environments. Governments have the obligation to ensure that orphanages provide adequate care and that children living in institutions have access to education and healthcare.
- Communities should take the lead in most aspects of a comprehensive strategy to assist orphans and vulnerable children. In particular, community-based organizations should be responsible for identifying children at risk, for determining the most urgently needed types of support, and for implementing many programs at the local level. Governments and nongovernmental organizations should support community groups in these roles not only by financing their activities, but by building their capacity to write proposals, manage and account for funds, and monitor their activities.
- School fees should be eliminated for all children as soon as possible, and international support should be available to help the poorest countries bear the additional costs that this will entail. Where elimination of all fees is not immediately feasible, countries should consider waiving fees

**Communities should take the lead in most aspects of a comprehensive strategy to assist orphans and vulnerable children**

for orphans and other categories of vulnerable children. The poorest families will also need help with the other costs of keeping children in school.

- School lunch programs should be rapidly expanded. These programs can help to feed children from the poorest households and provide a powerful incentive for enrollment. Schools can also serve as a base for other services for vulnerable children.
- National governments must urgently review laws governing inheritance and their enforcement. The inheritance rights of widows and children must be guaranteed, and children should be protected against abuse and exploitative child labor. In addition, birth registration should be made universal as rapidly as possible.
- Programs for orphans and vulnerable children should build strong links with other community-based HIV/AIDS activities, in particular home-based care, adherence support for patients on antiretroviral therapy, and community prevention programs. Together these efforts constitute the kind of comprehensive community response to the epidemic that will be necessary to reverse its course and mitigate its impact.