

## **The Scale of the Orphan Crisis**

It is estimated that over 14 million children aged 15 or under have been orphaned by AIDS; this number is expected to soar to 25 million by 2010. Sub-Saharan Africa has the largest concentration of orphans, in 2001 it was estimated that 1 in 8 children across the continent had lost one or both parents, 11 million of these children have been orphaned by AIDS. This figure would be higher were it not for MCTC, the increase in deaths of women of childbearing age and reduced fertility in HIV-positive women.

## **Features of the Orphan Challenge**

In Zambia every second household is home to an orphan, orphans fill the streets and thousands head households without the support of a concerned adult. UNICEF data shows that about half the orphans in SSA are aged 10 or under, 30% are between 6 and 10 and 18% are under 5. The mean average age is 6.2 years. Furthermore, when one parent has died of AIDS, it is very likely that the remaining parent will also succumb to the disease and the child will have to undergo the trauma of being orphaned a second time.

Of the estimated 40 million HIV-infected people in the world, 11.8 million are between the ages of 15 and 24. This underlines the importance of directing policies and strategies towards young people. However, young women are much more likely to become infected than young men. Globally, there are 7.3 million women between the ages of 15 and 24 living with HIV, compared to 4.5 million young men. In some SSA countries, for every 15-19 year old boy who is infected there are 5-6 infected girls in the same age range.

The peak ages for AIDS (and deaths) are 25-35 for women and 30-40 for men, the most productive years in a person's lifetime. This means that children grow up without the support of their parents, and because orphanhood is an enduring state, many orphans may require almost a generation of care. Responding to their needs requires sustained commitment.

## **The Psychological and Emotional Distress of Orphans**

The very worst that can happen to a child is losing its parents, of course food and shelter are important but a parent's love is inestimable. As HIV/AIDS is a slow-working virus children may have to suffer the daily trauma of seeing their parents succumb to the disease. When parents do eventually die, children often have no time to grieve or come to terms with their loss, as they are kept busy with funeral arrangements or bundled off to stay with other families.

It is clear that we do not know the psychological and emotional status of orphans. In schools, orphans are often apathetic or listless and there is some evidence to suggest that orphans tend to mingle among themselves. However, attending school can bring normality and continuity to the orphan and restore some lost confidence in life.

## **Other Consequences of HIV/AIDS for Children**

Children whose parents have died from HIV/AIDS suffer from numerous adverse social consequences:

- Subject to stigma and discrimination
- More likely to be undernourished
- More likely to be out of school
- Vulnerable to sexual abuse and exploitation

## **How Society Responds to the Needs of Children Orphaned by AIDS**

Although FBO's, CBO's, international agencies etc. have tried to scale up the response of their efforts they have been piecemeal and uncoordinated. For the first time at the UNGAS on HIV/AIDS held in June 2001, the world faced up to the challenge of orphans and obligated the world to:

- Build government, family and community capacities to provide a supportive environment for OVC's
- Provide counselling for children living with HIV/AIDS-affected families
- Protect OVC's from all forms of abuse and discrimination

## **Community Structures for Responding to the Needs of Children Orphaned by HIV/AIDS**

**Single-parent households:** when the father dies, the widow will often try to maintain the household, the reverse is not common. Since women are so disempowered they do not have equal access to land and resources and may have to support their families by doing low paid work or resorting to selling sex.

**Grandparent-headed households:** 48% of care givers in Tanzania are grandparents, 38% in Zambia and 32% in Uganda. Many lack the necessary physical and financial resources to rear a second family.

**Child-headed or sibling households** are where all adult members have died and the children must fend for themselves. In 1998, World Vision estimated that there were 45 000 child-headed households in Rwanda and as many as 10% in Swaziland. It is usually necessary for everybody in the household to engage in income-generating activities, making attending school very difficult.

**Foster households:** in the African context this usually means placing orphans with relatives. In some cases, when the family is overburdened the foster children can be the first to suffer. Some orphans may receive less food, do more work or may not be able to attend school.

**Orphanages** are not an appropriate response to the orphan crisis, the World Bank suggests that they may be 15 times more expensive than community care. Furthermore, these types of institutions do not respond to the long-term needs of children, although they may have a place as a temporary arrangement.

**Children's Villages** are basically day care centres providing orphans with meals, education and health care, although they return home at night. Widows are often responsible for running these villages.

## **Reinvigorating the Response to the OVC Challenge**

Notwithstanding the severity of the crisis, governments have been half-hearted in their response believing that families are somehow coping with the situation. It is necessary to make governments accountable for the commitment they made to tackle the OVC crisis at the UNGASS, 2001, and by doing so OVC's could have the same access to education, shelter, good nutrition etc. as other children.

The first step is to keep parents alive through enhanced health care, a more nutritious diet and if necessary access to antiretroviral drugs. The second step is to focus on mass sensitisation, action and commitment to respond to the needs of the 11 million children already orphaned by AIDS in Africa:

- A special parliamentary debate to consider the OVC crisis
- Mass mobilisation campaign
- Mechanisms to make countries accountable for achieving UNGASS goals
- Enlist religious leaders to promote action
- Include OVC challenge in applications to the Global Fund against HIV/AIDS
- Incorporate gender perspectives into every response to the OVC crisis
- Mechanisms to ensure that resources are not diverted or blocked