Africa’s Orphans and Vulnerable Children

HIV/AIDS and violent conflicts are spawning a massive generation of orphans in Sub-Saharan Africa. The region currently has more than 12 million orphans who have lost either their mother or both parents, most of them under age 15. And the worst is yet to come. Coping with the risks and consequences of orphanhood poses immense problems for Sub-Saharan Africa. Resources are limited, communities are being overwhelmed, and the realization of International Development Goals is being threatened. Yet, the contours of public action are unclear because of the limited knowledge of the scale of the problem and a lack of clarity on the effectiveness of interventions. As a result, ongoing interventions are piecemeal and inadequate.

While the impact of the epidemic is felt throughout communities and societies, the focus of the study, *Social Protection of Africa’s Orphans and Other Vulnerable Children: Issues and Good Practice Program Options* is limited to the analysis of the implications of the growing numbers of orphans and other vulnerable children for Africa’s future human development. It pulls together the existing information on orphans and other vulnerable children, traces the sources and extent of their vulnerability, examines the prevailing community responses, and argues the case for a concerted public action. The paper also reviews the ongoing interventions and delineates some examples of good practices.

Children at risk: causes and consequences

The possibility that an African child will find himself or herself in difficult circumstances is increasing rapidly as the number of risk situations in the region grows. Even the definition of at-risk children has undergone a radical transformation. The AIDS crisis, endemic warfare, and frequent migrations have now changed the nature of risks faced by children and swelled the number of those at risk. Whatever the cause, orphans and other vulnerable children face the heightened risk of malnutrition, mortality, morbidity, and psychosocial damage. The extent of a child’s vulnerability depends on a number of factors: whether they have been infected themselves through childbirth or breastfeeding, whether they have relatives willing to care for them, whether they are allowed to go to school, how they are treated within the community, what degree of psychosocial trauma they have suffered from their parents death,
what responsibilities they are left with (i.e., younger siblings) and so forth.

**Magnitude of the problem**

For the region as a whole, it is difficult to estimate the total number of orphans from all causes. Before HIV/AIDS became widespread, approximately 2 percent of children were orphaned; today the proportion has reached between 15-17 percent in the most affected countries. Recent estimates place the number of HIV/AIDS-orphaned children (by far the largest group of orphans) at 12 million as of December 1999. By the year 2010, USAID estimates that there will be 35 million. While HIV/AIDS orphans are the largest group of vulnerable children, they are not the only vulnerable ones. To the list of vulnerable children must be added children orphaned from other diseases and armed conflict, children whose parents are sick and dying of HIV/AIDS, child slaves, child soldiers, street children and those children living in abject poverty.

**Impact on families and communities**

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

**Good practices**

Assistance specially tailored for orphans can take several forms and include fostering, subsidies, tracing and reunification programs, and institutional care.

**Fostering.** Informal fostering within an extended family is usually the best intervention, provided that the care given is of an acceptable level. Placing children with kin promotes their integration into mainstream society, reduces their risk of being marginalized and promotes their psychosocial and intellectual development. Another advantage is that family members are most likely to act in the best interest of the child. Although this is not always the case, any intervention has drawbacks. And of all interventions to date, most African governments, international donors, and NGOs view fostering as the most culturally appropriate, sustainable and cost-effective approach.

**Education and health subsidies.** Subsidizing the education and health fees of orphans could become the main means of promoting the placement of orphans with extended families. The chief merit of this intervention is that it supports investments in children without encouraging child labor. School subsidies in particular would benefit orphans for four reasons: a) subsidies are easy to monitor and less prone to abuse or fraud than other subsidies; b) education subsidies would give orphans the opportunity to attend school when school fees are prohibitive; c) in the short term, orphans would be better integrated into local community life; and d) in the long term, orphans would have marketable skills, making them more productive members of society. Health and nutrition subsidies can lengthen the life expectancy of orphans, improve their learning achievement while at school, enhance their productivity as they become adults, and prevent increased health care costs and social protection later in life. However, health systems do not always function well in SSA and supervising visits to clinics can be more complex than supervising school attendance.

**Family tracing and reunification.** Finding close relatives of children orphaned by armed conflict requires a program of tracing and reunification: registering and enumerating orphans and locating and reuniting them with their family members. Tracing is sometimes only the first step in protecting vulnerable children. Typically, it is a one-off investment, provided that relatives are found, that they are willing to foster the child, and that they have the means to do so.

**Institutional care.** Orphanages have existed in Africa for decades and were originally run by missionaries. Today they are most likely to be found in post-conflict countries and are typically run by NGOs. The high cost, sometimes questionable quality of care, and the reliance on orphanages as a refuge from poverty have been the main arguments
against them in developing countries. Yet, given the swelling number of orphans in SSA, it can be argued that some children will need to be housed in orphanages, even if on a temporary basis until permanent caregivers are found. Care must be taken to adapt the concept of orphanage to the socio-cultural background of African societies. For example, a family-like environment for orphans can be provided by suitably adapting orphanages into a children's village inside a community. Advantages to this approach are: a) they attract NGO support relatively easily; b) economies of scale can be realized; c) children's villages can call on the support of the community in times of need; and d) children's villages can partner with faith-based groups which would render the approach more sustainable.

Conclusions

- The numbers of orphans and other vulnerable children are already so large as to threaten the traditional coping mechanisms, strengthening the case for public intervention. However, interventions need to be carefully chosen to: a) address the specific risks faced by orphans in a given country environment, and b) strengthen rather than supplant existing community coping strategies.
- There appears to be no single "best practice" option available to all countries in any environment. Circumstances and needs of orphans and other vulnerable children vary widely between and within countries.
- Fostering by relatives is more attuned to the African sociocultural milieu than most other options and is also the option most prevalent in most African countries. Fostering may also be the best option in post-conflict countries. However, the very conditions that make tracing and reunification necessary and attractive often make it difficult to realize desirable outcomes. For example, relatives, once located, may not be capable of fostering in a war-torn economy. In any environment, care needs to be taken that fostering does not lead to child abuse.
- Wherever fostering is encouraged, community or NGO oversight may be necessary. While the extended family is still the most adequate social safety net, private arrangements are not fail-safe.
- To promote fostering, both direct subsidies (cash transfers) and indirect subsidies (such as education vouchers and food supplements) have a role to play. Indirect subsidies are largely preferable because they can be monitored easily to ensure that they benefit the orphan.
- Where orphans are numerous and community coping mechanisms have reached their limits, the case for wider institutional interventions such as children's villages appears strong.
- Orphanages are expensive and should be the last resort. When absolutely necessary, attention should be paid to providing a nurturing and stable environment that avoids the potential stigma of an institutional upbringing. More evidence of cost-effectiveness needs to be gathered before large institutional interventions are planned for any country.
- Ongoing efforts are piecemeal and inadequate for the magnitude of the problem. A coordinated response is critical for any response to have a lasting and substantive impact.

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