

## Discussion Paper

# Averting the Long-term Consequences of the Growing Cohort of Orphans and Vulnerable Children in Africa

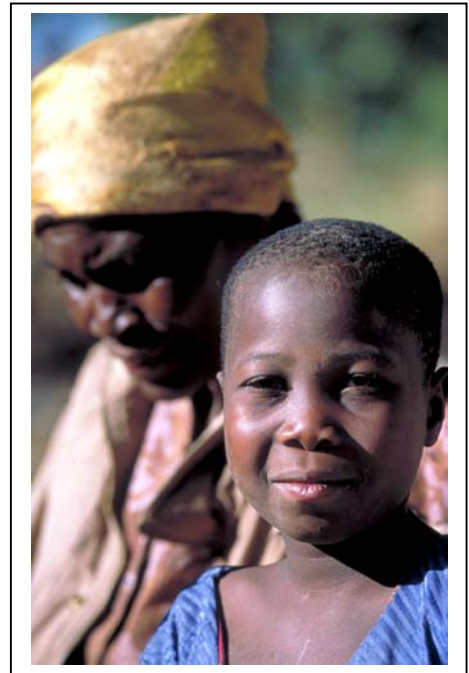
Ken Casey, World Vision International, November 2006

## Summary

The orphan and vulnerable children (OVC) crisis in Africa is far bigger than the 15.7 million children projected to be orphaned by AIDS in 2010 and will have major implications for the long-term survival of the worst affected countries.

UNICEF projects that a total of 53 million children in Africa will be orphaned from all causes in 2010. That equates to 1 out of every 8 children in Africa being an orphan! In 11 countries, more than 1 out of every 7 children will be an orphan. In 5 countries where the crisis will be the most acute, more than 1 out of 5 children will be orphaned.

When the number of highly vulnerable children is added to the orphans in the worst affected countries ***more than 30% - 40% of all children will be either orphaned or highly vulnerable.***



The impact of orphaning and other vulnerability on individual children, while tragic, does not usually have a significant impact on society as a whole. However, ***the sheer magnitude of orphaning and child vulnerability*** now taking place in many African countries threatens to trap heavily affected countries in a vicious cycle of AIDS, poverty, and instability placing this and future generations of children at further risk.<sup>i</sup>

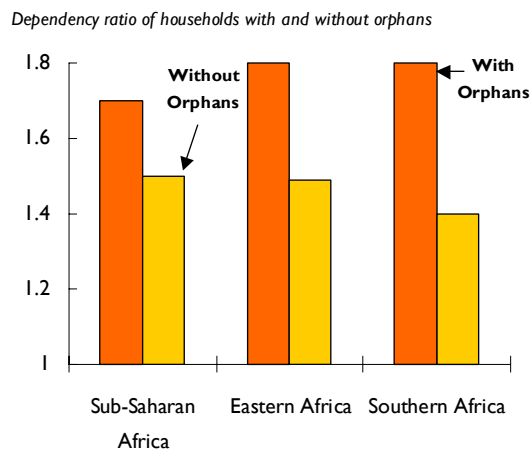
How will this large cohort of OVC impact the ongoing viability of these countries? In the absence of substantial interventions will these countries be able to cope? How will their ability to cope impact these children and future generations of children?

## Impact of Orphaning and Vulnerability on Children

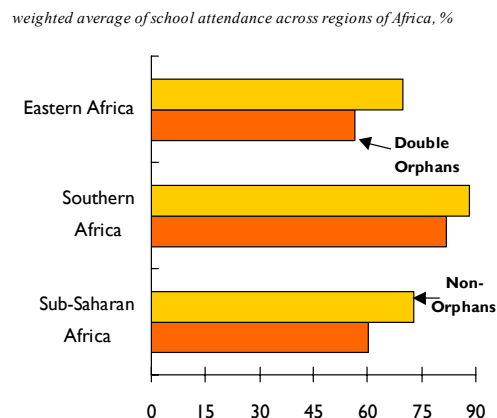
Orphans and vulnerable children (OVC) are at a distinct disadvantage when it comes to education, nutrition, and other aspects of development into adults.<sup>ii</sup> OVC are less likely to have their basic needs met<sup>iii</sup> or to be in school<sup>iv</sup>. They are more likely to be malnourished,<sup>v</sup> suffer psychological trauma and disorders<sup>vi</sup>, endure stigma, discrimination, and abuse, and become HIV positive themselves<sup>vii</sup>.

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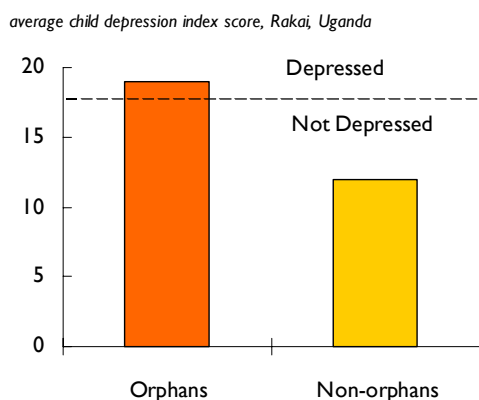
**Figure 1 – OVC more likely to be impoverished**



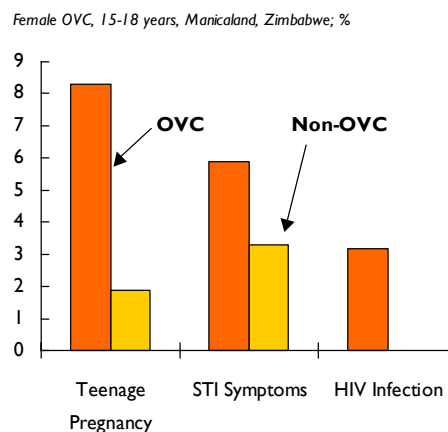
**Figure 2 – OVC less likely to be in school**



**Figure 3 – OVC more likely to be depressed**



**Figure 4 – OVC more likely to contract STIs or become pregnant**



(Sources: 1. UNICEF, 2006, 12; 2. UNICEF, 2006, 23; 3. Sengendo and Nambi, 2003; 4. Gregson, et al, 2005)

Orphans and children caring for chronically-ill parents also do not benefit from the transfer of knowledge, economic skills and life-skills that often takes place between healthy parents and children. To compound matters, these children will become increasingly dependent on government systems for support (i.e. school systems, healthcare, etc.) just as those systems are themselves deteriorating due to high morbidity and mortality caused by HIV and AIDS.

In summary, orphans and vulnerable children are less able to fully develop into productive members of society and are more likely to perpetuate the cycle of HIV transmission, chronic illness, orphaning, vulnerability, and deprivation in future generations. The aggregate human capital represented by OVC as they mature to adulthood may be substantially less than for a similar group of non-OVC due to these effects. And the numbers of OVC are rising rapidly.

### Numbers of OVC Rising Rapidly

Already, more than 12 percent of all children in Sub-Saharan Africa – 48.3 million children – have been orphaned by all causes, including AIDS and conflict. This number is expected to grow to 53.1 million children by 2010.<sup>viii</sup>

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AIDS is a major driver of this growth, with the number of children orphaned by AIDS in Africa expected to grow from 12 million in 2005 to 15.7 million children in 2010.<sup>ix</sup> But AIDS only accounts for 30 percent of the total number of orphans in Africa.

When the numbers of orphans and vulnerable children in Sub-Saharan Africa are analysed at a country level, the prospects are even more alarming. There are eleven countries in Sub-Saharan Africa where, by 2010, more than 15 percent of children will be orphans. In five of those countries – Botswana, Swaziland, Lesotho, Zambia and Zimbabwe – more than *one out of five children* (20 percent) will be an orphan in 2010.<sup>x</sup>

A conservative estimate is that in the eleven most heavily affected countries there are at least as many vulnerable children as orphans. In other words, in these 11 countries orphans and vulnerable children will constitute more than 30% of the child population. In 5 of these countries, they will represent more than 40%.

Countries have always had to cope with some portion of their children being either orphaned or vulnerable. However, when the proportion of children reaches 30% - 40% and higher, it raises serious questions about the long-term ability of a society to absorb the cumulative deficit in human capital represented by this large group of underdeveloped citizens – particularly as they move into roles of leadership in their families, communities and governments.

### Africa's Declining Ability to Cope

While the number of OVC is rising rapidly, the number of adults able to care for these children is dropping. AIDS is killing unprecedented numbers of working-age adults in heavily affected African countries. AIDS, however, is not the sole contributor. Other major contributors to high adult death rates in the region include malaria, TB, malnutrition, conflict, natural disasters, and road and home accidents.

The bottom line is that, whereas in developed countries the ratio of adults to orphans is greater than 400:1, in nine African countries it will be *less than 6:1*. And, of these adults, many are ill due to AIDS and may be unable to make a meaningful contribution to the support of these children.

In addition, many OVC are being cared for by grandparents who will reach the end of their lives in the next several years, often leaving child-headed households behind. Elderly caregivers, while courageously and sacrificially filling the care void, are often less able to provide for these children and to impart social, educational, and economic skills to them.

Children living with chronically ill parents, elderly caregivers, or living on their own and who receive no other external support or input, are more likely to be deprived of the social, educational, and economic skills necessary to become productive adults. This is a tragedy when it happens to one child. When it happens to between 30 and 40 percent of all of the children in a country, it is a crisis.

There is no clear evidence or research available to indicate at precisely what levels the rising ratio of OVC to total children and the falling ratio of adults to orphans push a country into an inexorable downward economic and social spiral. However, it is imperative to consider carefully the possible ramifications of this mounting crisis.

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### Severe Consequences for Nations

In heavily affected African societies, AIDS is causing human and organisational capacity to deteriorate in all sectors – civil service, healthcare, education, military, police, and many more. Doctors, lawyers, miners, soldiers and nurses – the most productive members of society – are dying at an increasing rate due to AIDS-related illnesses. The presence of a massive cohort of orphans and vulnerable children – who have had less opportunity to develop their full potential to serve as productive members of society – means that it will be much harder for African societies to replace those who have died and continue to grow and function.

Institutional weakening due to AIDS-related mortality and morbidity and the failure to educate and care for OVC could result in a downward spiral of governmental functioning that could eventually lead to severely weakened and fragile states, with extended consequences for regional and international peace and security.<sup>xi</sup>

### Conclusion

This massive cohort of orphans and vulnerable children (as a percentage of the total child population) and the decreasing number of able adults to care for them will have major consequences for the economic and social development of the worst affected countries. The OVC crisis will affect the strengthening of democratic institutions, the improvement of governance, the development of civil society, and the promotion of economic growth. While weakening the fundamental structures of society, it may also create fertile ground for recruitment of disenchanted children and adults by those bent on destabilising countries and regions.<sup>xii</sup>

The potential long-term consequences of failing to address the growing population of orphans and vulnerable children in these countries demand an immediate and proportionate response by each country and by the international community.

The needs of these children must be prioritized on both national and international agendas – not simply because of our compassionate concern for the children – but because the failure to do so will place the long-term viability of these countries at risk.

### Recommendations

- Realistic and effective OVC National Strategies and OVC Plans of Action (with specific OVC targets and in alignment with The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2004) must be developed and/or strengthened and successfully implemented
- Sufficient resources must be committed at both a national and international level to fulfill these OVC Plans of Action
- All key actors – national governments, bilateral and multilateral donors, businesses, NGOs, FBOs, and other civil society organisations – must commit to working together in a coordinated and comprehensive approach to address the needs of these children, especially in the area of collective advocacy to prioritise OVC in national agendas and to work for needed policy changes at the local, national, and international levels.

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- International NGOs, in particular, can play a valuable supportive role by working together in coalition to ensure that these important steps are, in fact, accomplished

We know what works at the local, national, and international levels to overcome this crisis. Now we must do it! Failure to do so will not only have severe individual consequences for the children, but also unacceptable long-term consequences for the peace, development, and security of the region.

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<sup>i</sup> Feldbaum, Lee, and Patel. “The National Security Implications of HIV/AIDS.” *PloS Medicine*, June 2006, Volume 3, Issue 6, e171, 0776

<sup>ii</sup> “Orphans” are defined as children who have lost one or both parents due to any cause, including AIDS, conflict, and disease. “Vulnerable children ” are children who are living with chronically-ill parents, living in a household caring for orphans, or meet a community’s generally-accepted definition of vulnerability.

<sup>iii</sup> *Africa’s Orphaned and Vulnerable Generations: Children Affected by AIDS*. New York: UNICEF, 2006, 13

<sup>iv</sup> *Supra x iv*, UNICEF, 2006, 23

<sup>v</sup> Mishra, et al. *Education and Nutritional Status of Orphans and Children of HIV-Infected Parents in Kenya*. Kenya: USAID, August 2005, 15-18 (Mishra, et al, found that fostered children in Kenya are far more likely to be stunted and underweight than non-fostered children, and that children or HIV+ parents were more likely experience wasting, though orphans, oddly, were less likely that average to be stunted, underweight, or experience wasting); Lindblade, et al.

“Health and nutritional status of orphans <6 years old cared for by relatives in western Kenya,” *Tropical Medicine and International Health*, volume 8 no 1 pp 67–72 January 2003 (found that Weight-for-Height scores are significantly lower for orphans in Western Kenya than for non-orphans, though Height-for-Age scores were comparable)

<sup>vi</sup> Sengendo and Nambi. “The Psychological Effect of Orphanhood: A Study of Orphans in Rakai District.” *Health Transition Review*, Supplement to Volume 7, 1997, 105-124

<sup>vii</sup> Gregson, et al. “HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe,” *AIDS Care*. 2005 Oct; 17:785-94

<sup>viii</sup> *Supra x iv*, UNICEF, 2006, 3

<sup>ix</sup> *Ibid*, UNICEF, 2006, 8

<sup>x</sup>

	<b>Orphans as % of all Children*</b>	<b>Ratio of Adults Per Child</b>	<b>Ratio of Adults Per Orphan</b>
Developed Countries	< 1%	4 : 1	>400 : 1
Sub-Saharan Africa	12.00%	0.9 : 1	7.5 : 1
Zambia	20.00%	1.0 : 1	4.8 : 1
Botswana	20.00%	1.3 : 1	6.4 : 1
Lesotho	20.00%	1.0 : 1	5.2 : 1
Zimbabwe	20.00%	1.0 : 1	4.8 : 1
Swaziland	22.00%	0.8 : 1	3.6 : 1

\* projected as of 2010 - Per *Africa’s Orphaned and Vulnerable Generations*, UNICEF, 2006

<sup>xi</sup> *HIV/AIDS as a Security Issue*. International Crisis Group Report, 19 June 2001, Pg. 14-19; Singer, Peter W. “AIDS and International Security,” *Survival*, Vol. 44, No. 1, Spring 2002, 145-158.

<sup>xii</sup> *Ibid*, International Crisis Group, 2001, Pg. 7; *Ibid*, Singer, 2002, Pg. 15-17; Price-Smith and Daly. *Downward Spiral HIV/AIDS, State Capacity, and Political Conflict in Zimbabwe*. Washington, DC: US Institute of Peace, 2004, 17; Martin Schonteich, “Age and AIDS: South Africa’s Crime Time Bomb?” *Africa Security Review* 18, no. 4 (1999): 57. Peter Fourie and Martin Schonteich, “Africa’s New Security Threat: HIV/AIDS and Human Security in Southern Africa,” *African Security Review* 10, no. 4 (2001): 29–57; Garrett, Laurie. *HIV and National Security: Where are the Links?* New York: Council on Foreign Relations, 2006, 40-50