The Foundation and the Association François-Xavier Bagnoud honor the memory of François-Xavier, a gifted helicopter rescue pilot who lost his life in 1986 in Mali at the age of twenty-four. His mother, the Countess Albina du Boisrouvray, joined with her son’s family and friends to found both organizations in his name. The Foundation supports initiatives in François-Xavier’s fields of interest, including aerospace, rescue, and community life in the Valais region of Switzerland. The Association undertakes a range of humanitarian initiatives focused on children and HIV/AIDS. The Association’s operations are independent of the Foundation and require co-financing from other sources.

François-Xavier Bagnoud

ORPHAN ALERT
International perspectives on children left behind by HIV/AIDS

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A mounting crisis:
Children orphaned by HIV/AIDS in semiurban Ethiopia

Marta Segu and Sergut Wolde-Yohannes

This is a preliminary report from a study examining the situation of orphaned children in Bahir Dar, a city of approximately 130,000 people in central Ethiopia that has been heavily impacted by HIV/AIDS. Using focus group discussions and in-depth interviewing, researchers gathered data from three groups:
• Orphaned children heading households (twenty children in four focus groups)
• Family and non-family adult caregivers of orphans (nineteen caregivers in five focus groups)
• Governmental and nongovernmental organizations that promote care for orphans (five organizations interviewed individually)

This report presents background to the study and initial findings of both the focus group discussions held with orphan household heads and the in-depth interviews with governmental and non-governmental organizations.

The Ethiopian context

Ethiopia is one of the world’s poorest countries, with a per capita income of US$120. According to the UNDP Human Development Report for 1997, Ethiopia is ranked 172 in the human development index of 174 countries. Life expectancy is only 43.3 years. Over the past three decades, Ethiopia has experienced a number of severe droughts and a prolonged civil war with Eritrea that resulted in extreme poverty in most parts of the country. The poverty that most Ethiopians face has been aggravated in recent years by the advent of the HIV/AIDS pandemic.

The HIV/AIDS pandemic in Ethiopia

The sheer number of Ethiopians affected by HIV/AIDS is overwhelming. Since the start of the epidemic, an estimated 2.5 million people living in Ethiopia have been infected with HIV, i.e. one in every thirteen adults. In the most affected urban areas, the ratio of infection is closer to one out of every six adults and almost half of the HIV-infected people are women. The Ministry of Health had reported 51,781 cases of AIDS nationwide by the end of 1997. Officials admit that this number of cases is an underestimate and believe that the true number of cases was as high as 400,000 by the end of 1997.* The number and rate of infections have continued to rise.

In November 1999, it was estimated that Ethiopia had the 16th highest HIV/AIDS prevalence rate among sub-Saharan African countries. About 90% of reported AIDS cases are adults between the ages of 20 and 49. The peak ages for AIDS cases are 20-29 for females and 20-39 for males. Because of the country’s high fertility rates (6.3 children per woman), the number of children born with HIV is very high. The government estimates that over 140,000 children are infected with HIV, giving Ethiopia one of the largest populations of HIV-infected children in the world.

There is growing concern about the number of children who are losing one or both parents to the disease. According to the Ministry of Health, in 1998 the country was home to almost 700,000 orphans. The majority of these orphans lost their parents to AIDS. This number of orphans is expected to reach 1.8 million by 2009.

The impacts of HIV/AIDS on Ethiopian children and society

No statistics can adequately capture the human tragedy that orphans are facing in Ethiopia. For those children that have lost their parents to AIDS, grief is only the beginning of their troubles. When AIDS takes a parent, it usually takes a childhood as well. Children must witness death and suffering. The death of a parent threatens their psychosocial and physical well-being. Children lose love, affection, and nurturing. The loss of a father or both parents often results in loss of income and property rights.
Children who grow up without parents may be left impoverished and unprotected.

According to a 1999 address by the President of Ethiopia, the AIDS epidemic “undermines the efforts to build the country’s economy and prevents the government from helping people to make a decent life. It deprives the children of their parents, the men and women of the country of their ability to care for their families, and the country of the enterprise and ingenuity of a whole generation.”

HIV/AIDS and orphans in Bahir Dar

Bahir Dar, capital of the Amhara Region, is located 570 km northwest of Addis Ababa. Bahir Dar, which literally means “by the sea side,” is situated on the southern shore of Lake Tana, the source of the Blue Nile River. It is one of the most rapidly growing cities in Ethiopia, attracting many migrants due to the substantial tourist industry and the lack of economic opportunity in surrounding areas. The city is divided into 17 kebele administrative districts. Its current population of 130,000 lives in approximately 26,000 households.

Bahir Dar typifies the Ethiopian situation of HIV/AIDS and AIDS orphans. Based on government surveillance data, the Ministry of Health estimates the adult HIV infection rate of the city to be 13%. The office of the Labor and Social Affairs Department of West Gojjam Zone estimates that the adult HIV infection rate is 20%.

Estimates of the number of orphans supported by organizations in Bahir Dar vary from 278 to 620. This number represents a very small proportion of all orphans residing in the city. For instance, one organization estimates that the number of orphans living on the streets is 3,000. This number is far less than the number of orphans who live with caregivers or by themselves in orphan-headed households.

A representative of the Organization of Social Service for AIDS stated: “The number of orphans in Bahir Dar town is increasing…we and other organizations cannot reach the exact figure because of social and psychological factors…But we, as members of the community, know that many children have become orphans and abandoned because of HIV/AIDS.”

In these days, so many children in Bahir Dar die from lack of food and shelter. The city council has to arrange funerals of people found dead along the streets, and children constitute half of them.

Social Affairs Department official
Bahir Dar Special Zone

The current health infrastructure of the city – one clinic, one health center, and one hospital run by the government – cannot meet the growing health demands of the population. Government social services, meager before the arrival of the pandemic, are now vastly overburdened and underresourced. Even the extended-family network, a social safety net that accommodated orphaned children for centuries, is unraveling under the strain of AIDS.

Child-headed households

In many areas of Bahir Dar, the fraying of family safety nets is driving orphans to assume the role of head of household at a very young age. The focus group discussions revealed that children as young as eight years of age are taking care of their younger siblings. The following table shows the composition of the focus groups convened by researchers.

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Neighbors do not want us to join them...because we are identified as children whose parents died of HIV/AIDS and there is a rumor that we are infected with the virus...People talk about us negatively everywhere and we feel ashamed.

Orphan household head
Group 1

Orphan household heads not only struggle with survival but also have to deal with grief, prejudice and social exclusion on a daily basis. The children interviewed were
constantly busy trying to meet the basic needs of their three to six siblings. Tasks for which they took responsibility included:

- doing household chores
- bathing siblings
- washing siblings’ clothes
- supervising siblings’ school attendance
- providing siblings with moral support
- steering siblings away from delinquent behaviors

My sister and I take care of our siblings by taking turns based on school shifts...We wash their clothes, we prepare food...and we advise them of the importance of living together in harmony with neighbors.

Orphan household head Group 1

All of the orphan heads of households who participated in the discussions were involved in petty trade activities to generate income for the family. The income generating activities varied according to gender. For males, the most common activities were those that took place on the city’s streets: shining shoes and selling cigarettes, candies, sugar, chewing gum, and groundnuts. Girls usually generated income from activities that could be undertaken at home or in a local market: selling prepared spices, local beer, firewood, and food items including potatoes, tomatoes, and onions.

Sometimes when we are selling our goods, people disturb us and refuse to pay...then we quarrel with them to secure our money.

Orphan household head Group 1

In taking care of their siblings, orphan heads of households encountered a wide range of problems. The most common problems identified by focus group participants were:

- shortage of income to fulfill basic needs, including food and clothing
- obstacles to their and their siblings’ attendance of school, including inability to pay school fees and purchase school materials and uniforms
- lack of access to health care
- stigmatization and rejection by community members
- lack of moral support
- lack of assistance with household tasks

We are used to sharing very small amounts of food...We usually give the large portions to the young ones. When there is no food at all, we miss meals.

Orphan household head Group 3

These orphans struggling to meet their families’ needs sought supplemental support to enable them to care better for their siblings. However, they rarely received assistance from outside sources. The participants in the focus group discussions indicated that the following forms of assistance would be most helpful:

- payment of school fees
- provision of educational materials, including school uniforms and supplies
- counseling and moral support
- financial assistance
- vocational training and skills to help them support themselves

I know many people taking care of orphans...because we are so many that the government alone cannot help all of us.

Orphan household head Group 4

Organizations promoting orphan care

In-depth interviews were conducted with five organizations in Bahir Dar that provide or support care for orphaned children: three government departments, a church-based institution, and a NGO. The three government organizations were the Health Department of Bahir Dar Special Zone, the Labor and Social Affairs Department of West Gojjam Zone in Bahir Dar, and the Social Affairs Department of Bahir Dar Special Zone. The two nongovernmental agencies interviewed were the Bahir Dar Michael Orphanage (affiliated with the Ethiopian Orthodox Church), and the Organization of Social Service for AIDS.

All five organizations identified the same priority needs of orphans in Bahir Dar:

- limited financial resources
- shortage of housing
- difficulty attending school because of lack of funds for fees and materials
- inadequate access to health care
- lack of vocational and skills training
- lack of employment opportunities
In recent years, organizations in Bahir Dar have been shifting away from residential care for orphans and towards support of orphans in community-based settings. Only one of the five organizations interviewed, the Bahir Dar Michael Orphanage, provided residential care for orphans. However, recognizing that “we could not provide...the love and affection that a family provides to a child,” the facility was emphasizing provision of “financial and material support to street children and orphans living with their relatives and by themselves in the community.”

While each of the five agencies employed different approaches to assisting orphans and their caregivers, researchers found that their actions were guided by two common understandings. First, all the agencies agreed that the best way of responding to the orphan crisis was by helping the community to care for orphaned children. Michael Orphanage staff stated: “The organizations [currently] supporting orphans cannot solve even 1% of the problem. Ways in which orphans can be supported within their communities must be looked at...It is possible to enable the community to help the destitute of its own.” Staff of the Organization of Social Service for AIDS stated: “The community should take care of orphans...of course the necessary support and facilities should be fulfilled for the community.”

The government representatives expressed opinions similar to those of the NGO personnel. A representative of the Bahir Dar Special Zone Health Department stated: “Orphan children need many things apart from their health requirements. And these needs cannot be met by the efforts of a single NGO. It is better, I think, that the community itself care for them.” The Bahir Dar Special Zone Social Affairs department concurred: “The problem [of orphaned children] requires the coordinated effort of all bodies...to this effect community-based programs should be designed.”

The second understanding shared by all agencies was the recognition that the orphan crisis required a broadly inclusive, cooperative response. An official in the Social Affairs Department of Bahir Dar Special Zone stated: “The responsibility for taking care of the orphans cannot be given to a single organization or institution. It rather requires the integrated efforts and activities of all bodies. The problem is a social problem.”

The Organization of Social Service for AIDS remarked: “All these [government and nongovernmental] organizations should work in close collaboration.” Staff of the Labor and Social Affairs Department of West Gojjam Zone in Bahir Dar agreed: “Taking care of orphans is the joint responsibility of different parts of the system...it is expected that society should support its orphans.”

**Conclusion**

The rapidly growing number of orphans in Bahir Dar is a cause of grave concern for individuals and organizations in Bahir Dar. The HIV/AIDS pandemic is creating a lost generation of children not only in Bahir Dar but across Ethiopia. An especially vulnerable group among orphans in Bahir Dar is children living in sibling-headed households. The organizations interviewed agreed that the best way to assist these and the thousands of other children made vulnerable by HIV/AIDS in Bahir Dar was through working together to help communities care for and support their children in need.


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