

*Children of Aids-Africa's Orphan Crisis*, by Emma Guest, Pluto Press, London, second edition 2003 (54 Quotes selected by Doug Nichols)

## **Preface**

### **1. Widespread Effects of the African AIDS Epidemic**

Deadlier than war, deadlier than tyranny, deadlier even than malaria, AIDS is silently tearing Africa apart. The epidemic is throwing millions of households into turmoil. Often the middle generation is wiped out, and children and the elderly are left to fend for themselves. [Page ix]

### **2. Zambian AIDS Crisis**

Roughly 20 per cent of Zambian adults are infected.<sup>1</sup> Zambia and Zimbabwe have perhaps the highest proportion of orphans in the world with an estimated 17.6 per cent of children under 15 having lost their mother, father or both parents by 2001, mainly to AIDS.<sup>2</sup> Tackling AIDS in Zambia is made harder by the fact that the country is poor and the government is somewhat ineffectual and sometimes corrupt. [Page x]

### **3. Little Co-operation among Those with Different Ideas to Reach the Same Goals**

Everywhere I went, I observed that projects tend to run on the energy and ideas of a single individual. If that person leaves, they often collapse. These caring individuals get things done, but not always in a focused, strategic way. Relationships with the civil servants and foreign donors who approve their funding are sometimes fraught. NGO leaders, believing so passionately in their cause, sometimes find it hard to learn from, or co-operate with, others who have different ideas about how to reach the same goals [Page xii]

### **4. No One outside the Field Sees the Crisis**

No one working in the field, who sees death daily, can figure out why everyone else doesn't share their sense of panic. The projections for the numbers of AIDS orphans are terrifying. Without help, many of these children will end up uneducated, alienated and on the streets. [Page xii]

### **5. Fill the Stomach before the Mind**

...before you can worry about a child's mental state, you have to make sure she has something to eat, and maybe some antibiotics. [Page xiii]

## **Preface to the Second Edition**

### **6. More People Die Each Day from AIDS than on 9/11, but Attention Was Diverted to Terrorism**

On 11 September 2001, suicidal Islamic terrorists crashed planes into the World Trade Center in New York and the Pentagon. About 3,000 people died, and the world's only superpower declared a 'war on terrorism'.

'This is all bad news for anyone engaged in the battle against AIDS', lamented an editorial in AIDS Analysis Africa (October/November 2001).

'The reality is, that more people die each day from AIDS than have died in New York and Washington. But these people are to all intents and purposes faceless and nameless ... This human tragedy will slip yet further into neglect over the following months, even years to come, overshadowed by the grief and furore emanating from [America] ... Major players and press are now focused on thwarting further attacks and by the need to rein in and bring terrorists to justice ... HIV will not cease to spread while we focus elsewhere ... It is a sad reality that the HIV/AIDS epidemic will benefit from global terrorism.'

Keeping people's attention on a two-decade-old epidemic was hard enough before 9/11. In 2002, famine threatened maybe 14 million people in southern Africa and a further 10-14 million in Ethiopia, but the Western media barely noticed. Hunger and HIV work together: HIV-positive people, who are also malnourished, sicken and die faster. And hungry people are more likely to resort to sex work in order to buy food. [Page xvii]

## **Introduction**

### **7. No One Knows Extent of the AIDS Epidemic**

Just how bad is the AIDS epidemic? No one knows for sure. The, Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that, at the end of 2002, over 20 million people had died of AIDS around the world, leaving over 14 million orphans. [Page 1]

### **8. 42 Million Children under 15 will lose at least one parent by 2010**

The figures are staggering, perhaps 20 million dead already and 14 million grieving children around the world. With 42 million currently infected and likely to die during the next decade, many more children face being orphaned. The United States Agency for International Development (USAID) and the UN estimate that 42 million children under 15, in 41 African countries, will have lost one or both parents by 2010, about half to AIDS.<sup>4</sup> [Page 1]

## **9. HIV/AIDS Epidemic is Worse than the Effects of the Bubonic Plague in Medieval Europe**

...it's clear that the HIV/AIDS epidemic could be as catastrophic for Africa as the Black Death was for mediaeval Europe. In fact, it could be worse. Bubonic plague wiped out roughly a third of Europe's population within 15 years in the fourteenth century. Those who survived, however, grew less poor because there was suddenly a shortage of hands to plough the fields, so wages rose. Africa, after AIDS, is unlikely to enjoy even this scrap of comfort, because unemployment and under-employment are so widespread. [Page 2]

## **10. Causes of the AIDS Epidemic in Africa**

Why has Africa been worse affected than anywhere else? It's widely accepted that AIDS began in Africa, so the virus didn't have far to travel. Other important factors include poverty, patterns of sexual networking, cultural practices, the subordinate position of women, wars and migrant labour. Most African governments' efforts to curb AIDS have been ineffectual or non-existent.

## **11. History of HIV**

The human immuno-deficiency virus probably originated in western central Africa in the 1920s or 1930s. HIV-1 is known to be a strain of a virus that had existed for many years in chimpanzees, without harming them. Another rarer strain, HIV-2, came from sooty mangabey monkeys. The virus probably crossed from apes to humans when the two species' blood intermingled, perhaps when someone with a cut on her hand was preparing chimp meat for the pot. It was only identified 50 years later. [Pages 2-3]

## **12. Each Household Is Affected**

How is AIDS affecting Africa? At household level, it's been catastrophic. AIDS kills people at their productive peak, and often more than one person in the same family. Breadwinners sicken and die. Children, especially girls, drop out of school to take over adult roles in the home. Health care and funeral costs soar. AIDS-afflicted households sink further into poverty. [Pages 6-7]

## **13. Most Africans like a Large Family for an Insurance Policy**

Why is there an AIDS orphan crisis in Africa? Apart from the obvious answer that AIDS has killed large numbers of adults of parenting age, most Africans like to have big families. It offers status and acts as an insurance policy; your children will look after you in old age. Consequently, when African parents die, they leave lots of orphans. Ugandan women, for instance, had an average of seven children in 2000, and Zambian women had an average of five or six. Compare this with Thai, Chinese, British and Italian women who had an average of between one and two children.<sup>18</sup>

#### **14. African Extended Families Traditionally Care for Orphans**

The African extended family has traditionally nursed its sick, and absorbed its orphans without fuss or legal process. In most cases, it still does. In some African countries, it remains the only safety net for orphans. The state often has no money to offer alternatives like orphanages, grants for foster parents or salaries and bicycles for community volunteers.

Sometimes sibling groups are split up between aunts and uncles in order to share the cost, but somehow or other, the African extended family continues to shoulder the burden. In all heavily affected countries, there is now an army of grandmothers, aunts and older sisters struggling to care for exploding numbers of orphans. But as the pressure on them grows, they are going to need help in order to feed those extra mouths. [Pages 10-11]

#### **15. No Care for AIDS Orphans will lead to Adolescent Street Thugs**

African countries face a stark choice. If they do not find ways to care for the growing multitude of AIDS orphans, they could soon find their streets crowded with angry, intoxicated adolescents. Besides being a human tragedy, this could aggravate the continent's already high levels of crime. [Page 12]

#### **16. Search for a Politically Correct Label**

Many people working in the AIDS field dislike the phrase 'AIDS orphan'. They worry that it stigmatises children. Much time is spent debating alternatives such as 'vulnerable and needy children', 'children in distress', 'children infected or affected by HIV/AIDS', 'children who are in need of special care and protection' and so on. For the sake of simplicity, [we] will use 'AIDS orphan'. It is AIDS that is causing the crisis. [Page 13]

#### **17. Too Little is Being Done**

Across Africa there are many compassionate individuals who; recognising the scale of the crisis, are striving to make a difference. But currently too little is being done. The magnitude of Africa's AIDS orphan crisis calls for urgent attention from African governments, NGOs and international donors. With better planning and more aid, a high proportion of orphans can be saved from lives of misery and deprivation. If the problem is ignored, however, the consequences both for the orphans and for society will be ghastly. [Page 13]

## **Section 1. Families**

### **Chapter 1. Mbuya's Story**

#### **18. Zambia is Peaceful, But Poor**

Named after the Zambezi River when it gained independence in 1964, Zambia is landlocked between eight other nations in south central Africa. Zambia is peaceful, but poor. Only a few British colonists ever settled there, and unlike in neighbouring Zimbabwe or Congo, the transition to independence was relatively tranquil. Since independence, Zambia has avoided the kind of civil wars that plague the region [Page 17]

#### **19. Most Of Zambia's 10 Million People are Extremely Poor**

Zambia is arid and sparsely populated. Most of its ten million people are extremely poor. Perhaps three-quarters of them survive on less than \$1 a day and nearly half the children are stunted from malnutrition. [Page 17]

#### **20. Zambia's Life-Expectancy is 37; 17.6% of the population are Orphans**

AIDS in Zambia is widespread. According to the US Bureau of the Census, it had reduced life expectancy to 37 by 1998. It would have been 56 in a world without AIDS. No one knows how many children have been orphaned. The United States Agency for International Development (USAID) and the UN estimate that in 1990, 11 per cent of children under 15 had lost their mother, father or both parents, maybe 11 per cent of them bereaved by AIDS. By 2001, 17.6 per cent had lost one or both parents, two-thirds to AIDS. [Page 18]

#### **21. One-Fifth of Zambia's Adults are HIV Positive**

In countries like Zambia, where a fifth of the adult population are HIV-positive, grandmothers often find themselves grieving for more than one child and looking after several orphans. [Page 18]

#### **22. AIDS' Symptoms**

AIDS is an unpredictable disease. Sometimes you feel healthy, but sooner or later you suffer a series of frightening symptoms. Sometimes you cannot breathe. Sometimes you cough up blood. In quick succession you may suffer skin and mouth infections, fever, rigid muscles, convulsions, depression and delirium. This can last for two years or more. During the disease's terminal stage, which may last for up to a year, you may be bedridden, incontinent, wasted and suffer dementia. Your appearance and personality may change. [Page 20]

#### **23. Only Joy for Grandparents are the Children**

'Amongst our members, we don't have a single grandmother who's found the energy to really start life again and get a business off the ground. If I saw one I'd use her as a role

model. It's difficult for them. They expected to be looked after so they're pitying themselves and mourning their lost sons and daughters. You see tears drop when they're reminded of what's happened to them. The only thing that pleases them is seeing the children. But even then, there's not much hope because they know their future's insecure because they're not in school now.'

For orphans, the good thing about living with their grandmother is that she loves them and treats them all equally. The downside is that their material deprivation, and their grandmother's, often worsens. Expecting a grandmother to become a dynamic businesswoman in her seventies is unrealistic. She's sad and tired. [Pages 24-25]

#### **24. Zambia's Poor Have No Governmental Support**

Few people even know that a bag of salt and some painkillers may be available from the state. It's not well advertised. If it were, there would be trouble. They are already overwhelmed with applicants. Basically, Zambia's poor are on their own, unless they belong to supportive community groups or churches. [Page27]

### **Chapter 2. Extended Families**

#### **25. Uganda's History and AIDS Status**

Uganda is a lush, green country in East Africa, but its people are poor. In Kampala, Marabou storks, the size of children, fly overhead. They arrived during President Idi Amin's rule (1971-79), when as many as 350,000 people were murdered by the state. Corpses rotted in the streets. Even more Ugandans were killed under President Milton Obote (1962-71 and 1980-85). Since 1986, things have changed for the better. Now the birds just eat rubbish.

Although Uganda is now more peaceful and less poor, AIDS is killing Ugandans at an alarming rate. People talk about the disease openly because every extended family has now lost someone to it. By 2000, there were nearly two million AIDS orphans. Ugandans are optimistic that their epidemic has peaked because, at last, the number of HIV-positive people appears to be decreasing, in some places by as much as half. [Page 28]

### **Chapter 3. Strangers Step In**

#### **26. Volunteer Structure is Not Well-Organized**

Lawrence and Fiona's experience makes little sense. People who volunteer to care for needy children should be better managed. When a selection process questions people's suitability to be parents, clients need to be treated tactfully. Weeks later, Fiona and Lawrence are still smarting from being labelled 'too intense' and not told why.

Obviously there is no policy of infanticide in South Africa. Lawrence and Fiona are clearly wrong on this count. But neither are children smoothly placed in loving homes.

Petro Brink, a private adoption expert, offers a better explanation for Fiona and Lawrences' experiences. She compares social workers to the police. Both are badly paid, demotivated and dehumanised by constant contact with victims of violence or abuse. Without support, they burn out. Then if they don't leave the job, they are at risk of crossing a line, over which they stop caring. Some become sullen and obstructive. Some even start to abuse the children in their care. Brutalised policemen too often end up beating up suspects or their own wives. Social workers, especially those who have specialised in child abuse, can become more subtly brutalised. Without good supervision, the power over other people's lives can corrupt them and they may consequently 'abuse' people... [Page 51]

### **27. Adoption System looks at Parents' Flaws**

The current criteria for selecting parents are negative. The system works by looking for people's flaws, instead of looking for what positive things people are offering. [Page 52]

## Section II. Projects

### **Chapter 5. Hope in the hills**

#### **28. Heather Wants to Use Grandmothers**

Heather is keen to engineer new families out of the remnants of those torn apart by AIDS. She wants to put more women, and especially grandmothers, who themselves need food and shelter, to work caring for orphans.

'As we find more abandoned or orphaned children, we'll bring them here and get them healthy again. Then if we find a granny who's willing, maybe we'll be able to place them with that granny. We'll then take food, nappies and clothing twice a month and check everything's OK. If a granny has, say, two or three orphans and really can't cope, she could come and live here and then we'd let her take another three children to make up a cluster.' [Page 78]

#### **29. Principle of Cluster Foster Care**

'The principle of cluster foster care will apply at the new site too', says Heather, proudly. 'They'll be a group of foster mums living in close proximity, depending on each other. They'll have semidetached homes with connecting doors so if one foster mum is ill or needs time off, there'll be another next door who'll be able to look after the children. And they won't be far from us. There'll also be a separate hospice building so if any of the children get very sick, they can go there, but it won't be far removed from their siblings.' [Page 78]

### **30. Housing AIDS Orphans in Clusters Uses Whatever Human Resources Are Available**

Mr Loudon doesn't believe that God's Golden Acre is something that could be scaled up to meet the magnitude of the coming AIDS orphan crisis in South Africa.

'Heather's doing a great job but let's not fool ourselves that it's replicable. It's not. It's entirely run on her spirit, guts and energy. And it's great. But it's important that people don't attach a greater significance to it, believe it's how we should run our response to the orphan crisis. A project like that can fail just as easily as it can succeed. There's no idea so good that it can survive bad management. And in her case, she's got some fairly shocking ideas. But they work. Because she's behind them.'

Others disagree. They believe that the housing of AIDS orphans in 'clusters' is replicable and the best way to use and support whatever human resources - grandmothers, widows, HIV-positive mothers - are left looking after the growing numbers of needy children. Some use the term 'kibbutz' to describe such idealistic, collective efforts but Heather says, 'No, I'm not a kibbutz. Not at all. Not at all. We're a cluster foster community centre.' [Page 80]

## **Chapter 6. Institutionalized**

### **31. Orphanages**

Staff at orphanages know that they're working against the tide. They acknowledge that they should be a last resort, but firmly believe that children's homes have an important role to play in the coming AIDS orphans crisis.

'If orphanages don't exist, what's going to happen to these children?' asks Jane.

'They're going to die. I know it's not right but I can see, like in the old days, huge big orphanages having to open up. Otherwise children will starve and there will be masses of street children.' [Page 89]

### **32. Nazareth House Orphans are Very Sickly**

The kids are very sickly. They have a maximum of two or three weeks being well and then fall ill again. 'Most of them have chest problems, either tuberculosis or pneumonia', says Frances. 'Diarrhoea comes and goes. Fever comes and goes. At the moment, four are doing OK but the other four are struggling.'

At Nazareth House, where there are 43 sickly children, the staff fight a constant war against illness. Fungal infections cause painful, fluid-filled pustules all over children's bodies. If one child gets chicken pox, they all do. They recover, and then another bug assaults their immuno-compromised bodies. [Pages 90-91]



### **33. Beautiful Gate Orphans Are Sickly**

Beautiful Gate hasn't lost a child yet, but some of the children have been very sick at times.

'It's difficult to know how aware the children are of what's going on. When Beauty was hospitalised for a week, we told the others, "We must pray for Beauty." But I'm not sure what they took in. It's difficult to know whether any of them are distressed by whether they're wetting their beds or not, because sometimes they dirty the bed due to the diarrhoea and they all sweat a lot. Beds are often wet.' [Page 91]

### **34. Orphan Mentoring Program**

At Nazareth House they have a volunteer programme to try to find a special adult for each child; someone who might take the child out for weekends, shower it with affection and, who knows, maybe even foster or adopt it eventually.

'It's not working yet,' says Jane. 'but the aim is for every child to have somebody special.'

'We don't usually allow people to take children out, if we don't know them. It's only when a volunteer's built up a close relationship with a child that I might suggest it. It takes time. You've got to know that person's going to be committed, because the child will cling to them. When they come back after a good weekend, they may cry.'

'One of the volunteers who was hosting a child went off on holiday for three weeks at Christmas with her family and he pined for her. He was too little to understand that she was coming back and everybody said, "Maybe he shouldn't have that relationship," but the love he gets is so good when it's there. It's better than nothing. Hopefully one day they'll all have somebody like that.' [Page 94]

### **35. Emphasis Should Be on Educating Pregnant Women and Supporting Foster Parents**

The children all play till lunchtime, sleep for a while, and then play until supper. If you arrive at Beautiful Gate just after lunch, there is not a sound. The children are sleeping and the staff are praying.

There is no doubt that the staff care deeply for the children at Beautiful Gate. But life in any orphanage is far from ideal. And new orphanages are an expensive way of tackling the AIDS orphan crisis. Even when orphanages are good at getting children into foster homes (which is difficult if they are HIV-positive), they can only ever help a fortunate few. To help larger numbers, efforts should probably be concentrated on

educating pregnant women and supporting foster parents. HIV-positive mothers who understand that their babies have a good chance of surviving, because the majority of babies born to infected mothers do not contract the disease, are less likely to abandon them. Relatives or neighbours are more likely to foster an orphan if the state helps with the grocery bills and school fees. [Page 96]

### **Section III. International Involvement**

#### **Chapter 8. Foreign Aid or Interference?**

##### **36. Zambia's AIDS Crisis is a War Zone**

Peter's a tall Englishman, with a confident stride, a firm handshake and seemingly unshakeable optimism. He's worked for UNICEF for 15 years and lived in Zambia for the past two. Before that he worked in war zones. 'Wherever there was a conflict, my job was to go in and make sure UNICEF had a presence and got assistance in. You name a war zone between 1991 and 1998 ... We lost a lot of staff.'

Peter points to a big black and white photo on his office wall. It shows a young man with his back to the camera. He's wearing a UN shirt and supervising people loading food into a four-by-four. He was working for Peter in Mogadishu, the capital of Somalia. UNICEF was trying to get food to starving Somalis in the midst of a chaotic civil war. He was killed the day after the photo was taken. He was 26.

'I miss the adrenaline of working in a war zone. It was very immediate. You can see the result of your actions much quicker, but you also see the raw depths of humanity. In theory, coming to Lusaka was meant to be a quiet posting and a return to development work for me, but the amount of death here is really on a par with, and in many cases much worse than, many emergencies. And it's been going on for 15 years. Apart from Rwanda and Mogadishu, I've rarely seen this level of death on a daily basis. The difference is it's not in your face here. It's behind closed doors and there isn't the anger or outcry or moral disgust at what's going on.

'Zambia's never been at war. It was the third richest African country at independence, 35 years ago. But now, you look at the infant mortality rate and nutrition rate, and they're equivalent to maybe Afghanistan or Somalia, and you ask yourself why in a country so well endowed - with resources, land, lovely people and peace - are people so poor? Why are things so bad?' He answers himself, 'Issues of governance, allocation of resources, strategic choices.']

In other words, the Zambian government's messed up. Zambia is one of the few countries (of those where data's been available) whose Human

Development Index value (a measure of life expectancy, access to education and economic growth) is lower now than it was in 1975. Zambia now spends more servicing its US\$7 billion external debt than on health and education combined. The country was not aided by donors who were only too willing to fund things that were not in the interest of the majority of Zambians. AIDS has made things much worse. There's so much to be done. Peter works at running pace, but still feels, 'we have to find ways of doing more, quicker. You always feel you're not doing enough.' [Pages 118-119]

### **37. Thousands of Good Small Projects are Needed**

'One of the big lessons we learnt from our 1999 research was how to scale up good projects. The answer is not to think that you can make good, small projects bigger. What we need is thousands more good, small projects, a mass of projects, not one massive project. Activities at grass roots level will always be ad hoc, and I think they have to be. We shouldn't try to control them.' [Page 123]

## **Section III. Children Alone**

### **Chapter 10. Falling Through the Net**

#### **38. Fountain of Hope As An Example of a Good, Small Project**

Fountain of Hope was started in 1996. That year, a United Nations Children's Fund (UNICEF) report estimated that there were about 75,000 street children in Zambia, up from 35,000 in 1991. People who work with the kids laugh at such estimates. Street children are too nomadic, and too frightened of authority, for anyone to count them.

By September 1999, Fountain of Hope accommodated 70 children. Six months later they had 250 sleeping there and were serving over 500 meals a day. Five hundred children are enrolled in their school. [Page 145]

#### **39. 70% of Lusaka, Zambia's Street Children are Double Orphans**

There are two categories of street children: children on the street and children of the street. The former work there but go home to relatives at the end of the day. They've got shelter, but most of them don't go to school. The latter are homeless and have no one to look after them. In Lusaka, these children are easily identifiable at night, sleeping around fires, in the shadows. They're the minority, but the ones most in need of help. UNICEF's research in 1996 estimated that 7 per cent of Zambian street children were actually homeless and about 40 per cent of Zambian street children had lost both parents. In Lusaka, as many as 70 per cent are now double orphans. . [Pages 145-146]

#### **40. Street Children are ignored by Native Zambians**

'When I couldn't look after cars, I'd break into Indians' shops. They're bad guys. Each time, I knew that maybe this one might kill me. When I was begging, I liked the muzungus because some of them would understand my problems and give from the heart, but others - blacks like me - used to swear at us and tell us, "Go to your father." So? My father's dead. I'd ask myself, "Why is it like this? Why don't those people want to understand? They want us to be bad." [Page 153]

#### **41. Life is a Daily Fight for Survival for the Street Child Orphan**

There's so much fire-fighting at Fountain of Hope that there's little time for thinking long-term. Staff at every street children's shelter talk of trying to reunite kids with their families and training local women in business skills so they can provide for their own children and foster a few extras. But building bridges with reluctant families takes time, especially if they live in distant villages and are afraid that the child has picked up city gangster habits. Finding foster parents willing and capable of handling ex-street children is rarely possible either. The shelter is stretched just coping with the children's immediate needs - food, basic education, shelter, pills and plasters, football and trustworthy adults. And more kids keep coming to town.

Shelters for street children are necessary, but they're far from ideal. Only the most resilient children make it off the street and out of such places unscathed. A decaying building packed with 200 young men sleeping and fighting together has an unhealthy amount in common with a prison. The inmates are not forced to stay but institutional life is only marginally more gentle than that in jail. Rodgers points out the 'head boy'. Was he elected? 'No,' laughs Rodgers, 'he fought for the title'. Street children don't have much choice. They have to keep fighting. [Pages 155-156]

### **Conclusion**

#### **42. AIDS Makes Africa's Future Look Bleak**

AIDS makes Africa's future seem bleak. Life for many Africans is already poor, unhealthy and short; AIDS is making it tougher still. Over the next 20 to 30 years, the virus will make life poorer, sicker and shorter. [Page 157]

#### **43. AIDS Sets Off a Vicious Spiral**

AIDS sets off a vicious spiral. As adults die, families grow poorer. As families grow poorer, children go hungry. When children are hungry, they grow weak and vulnerable to infectious diseases. If they have inherited HIV from their mothers, this leaves them more vulnerable still. Many grow up with stunted bodies and minds. [Page 157]

#### **44. Generation of Children with No Role Models**

...Peter McDermott of UNICEF-Zambia is concerned that

'We will have a generation of illiterate kids whose only formative experience has been one of sickness, death and marginalisation. We're not talking about individual children. We're talking about a group mentality, and their own nurturing ability in the future as parents, if they're not seeing positive role models and being parented.' [Page 158]

#### **45. Street Children Are at Risk for Psychological and Physical Damage**

More children will end up on the streets. Recent research in Brazil found that kids who live on the street are at risk of psychological and physical damage because of a variety of factors: parental loss, minimal social support, drug abuse and having sex younger. In 1991, 80 per cent of inmates in prisons in Sao Paulo were former street children.<sup>2</sup> [Page 158]

#### **46. Social and Economic Ramifications of AIDS Orphans Are Large**

Increased instability and the risk of riots by hungry, unemployed young people will make investors nervous. Already, firms are looking at the impact of AIDS on productivity when considering, for instance, whether to sink money into southern African mines. If the environment becomes too risky - too many employees dying, too many expatriate engineers killed or too much machinery stolen - they'll pull out or stay away. Unemployment, already widespread in most African countries, will get worse.

The US Central Intelligence Agency (CIA) warns, 'The severe social and economic impact of infectious diseases is likely to intensify the struggle for political power to control scarce state resources ... This will challenge democratic development and transitions and possibly contribute to humanitarian emergencies and civil conflicts.'<sup>3</sup> These will be harder to contain as the epidemic will also have weakened national armies and international peacekeeping forces. In Africa, soldiers have a higher HIV prevalence than civilians.

The CIA is worried that the 'lost orphaned generation' may be exploited by political groups for their own ends, for instance, as child soldiers. Children are already deployed by guerrilla factions in northern Uganda, Liberia, the Democratic Republic of Congo, Sierra Leone and several other countries. To break the morally restraining ties of community and tradition, warlords sometimes force child soldiers to take drugs or to kill their own parents. Orphans, with no such ties to break, could be even simpler to mould into adolescent killing machines. [Page 159]

#### **47. Fatalistic View of Life from the Poor**

The poor often take a fatalistic view of life. In Africa, where AIDS is drastically shortening lifespans, such fatalism may grow more widespread. The United Nations has calculated that in countries where 15 per cent or more of adults are infected with HIV (all of which are in Africa), at least 35 per cent of boys now aged 15 will

succumb to AIDS.<sup>4</sup> When teenagers hear such gloomy predictions, will they lose hope? Even if the statistics don't reach their ears, they will surely observe that the funerals they attend at weekends are often of people not much older than themselves. [Page 160]

#### **48. Problem of AIDS Orphans is Great, but Co-operation and Innovation are Crucial**

But what of the children already orphaned? Even if the AIDS epidemic was magically halted, there would still be over 14 million orphans.

There is no simple solution. There isn't a government, NGO or 'childcare model' that alone can solve the problem of how to prop up all the over-extended families *and* catch all the children who fall through existing safety nets. The sheer number of orphans is too great. But governments, donors, NGOs and community leaders can learn to confront the crisis and try to exorcise the stigma that still surrounds AIDS. More effective planning and co-operation would follow. A willingness to innovate, and to allow others to do so, is crucial.

People often believe that the way they bring up their children is the best way, indeed, the only way. Likewise, many people who are running programmes to help AIDS orphans believe that what they're doing is the only way forward, and that everyone else, if they had any sense, would follow their example. [Page 162]

#### **49. All Options for Solutions Need to be Tried**

There is a need for shelters for street children, orphanages ...As the number of AIDS orphan swells, all options will have to be tried. Family life is best, but where there are no potential foster parents, institutions will have to take the strain.

Given the scale of the crisis, people will have to ditch their prejudices. If the only potential home for a black child is with a white family, or vice versa, the child's immediate needs should trump the arguments of those who oppose transracial adoption. If a child needs to care for dying parents, it may sometimes be helpful to train him or her to earn a living. Anything that smacks of child labour will appal many people, but pragmatic NGO workers see this sort of thing as making the best of a bad situation. Development workers need to be realistic. The very poorest communities are unlikely to be self-reliant for a long time, and orphanages are not, always, the worst option. [Page 163]

#### **50. UNICEF Zambia States That Small Projects are the Best**

Recognizing that we haven't yet discovered the ideal project that could be scaled up to solve the problem, UNICEF-Zambia advocates a mass of small projects Small projects [] have many advantages. Because of bureaucratic delays, big national projects often take years to set up; small projects are much quicker. National projects require lots of money; in countries where corruption thrives, this attracts powerful thieves. In a small

local project, by contrast, the intended beneficiaries are in direct contact with the person who controls the purse strings. They will probably notice if money is being embezzled, because there will suddenly be less available for them. Being close to the grassroots, small projects are more responsive to changes in local conditions. If they grow too big, they can lose touch with the communities they're trying to reach. [Page 163]

### **51. Transparency of Programs is a Necessity**

Programmes need to be transparent and cost-effective. Not only to keep foreign donors happy, but in order to provide the best help possible for the largest number of children. Transparency is easier; it is simply a matter of keeping proper records. Cost-effectiveness is tougher. [Page 164]

### **52. Foreigners that Help Need to Understand Local Politics**

Foreigners can help. As well as money, they can offer the kind of expertise and overview that is possible when you have the resources to commission research and fly around the continent talking to lots of people doing similar things. But there is a responsibility in giving money. Donors must have people on the ground who understand local politics. Otherwise, wasteful blunders can occur. Unwise donors can end up paying for cars and mobile phones for local politicians because they're unable to say 'No' to requests 'from the community' for fear of being deemed imperialists. [Page 164]

### **53. Help All Orphans, Not Just AIDS Orphans**

Some development workers believe the stigma is made worse by donors and NGOs who categorise AIDS orphans separately from other children in order to assist them, for instance, by paying their school fees. Mary Crewe, director of the University of Pretoria AIDS Research Unit in South Africa, argues that it is absurd to refrain from helping orphans for fear that it may inspire envy. The needs of AIDS orphans, she says, should motivate us to improve things for all children.' She argues that the state should take responsibility for AIDS orphans and build good, new institutions for them. It shouldn't be left to 'romantic notions of community' or overstretched extended families that, in overcrowded urban situations, are more at risk of child abuse, crime and violence. [Page 165]

### **54. Most AIDS Deaths Come after HIV Prevalence Declines**

Perhaps 20 million people have died of AIDS around the world. At least another 42 million may die of it over the next decade. HIV prevalence appears to have peaked among some groups; teenage girls in Zambia, for instance. But most AIDS deaths come years after HIV prevalence starts to decline. And in some countries, such as South Africa, prevalence is still rising. [Page 166]

## Notes

### Preface

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5. Hooper, E., *The River. A journey to the source of HIV and AIDS* (London: Little, Brown, 1999).
18. *The State of the World's Children 2002* (UNICEF, 2002), pp. 14-15.

### Conclusion

2. Campos, R. et al. (1994) 'Social networks and daily activities of street youth in Belo Horizonte, Brazil', *Child Development* 45: pp. 319-30 quoted in Feuerstein, M., *Poverty & Health* (London: Macmillan, 1997), P.
3. Noah, D. & Fidas, G., 'The global infectious disease threat and its implications for the United States', (CIA, January 2000), pp. 5-6.
4. Pisani, E., Schwartlander, B., Cherney, S. & Winter, A., *Report on the Global HIV/AIDS Epidemic* (UNAIDS, June 2000), p. 23.

## List of Organisations Featured in this Book

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Pelucy Ntambirweki, Executive Director  
Uganda Women's Effort to Save Orphans (UWESO)



PO Box 8419, Kampala, Uganda

[www.uweso.org](http://www.uweso.org)

Tel: +256-41-532 394/5

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[uweso@imul.com](mailto:uweso@imul.com)

Please contact them to discuss the safest way to send donations.

## **5 Hope in the Hills**

Heather Reynolds, Director

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PO Box 331, Cato Ridge 3680, KwaZulu-Natal, South Africa

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## **6 Institutionalised**

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## **10 Falling through the Net**

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## **Others**

The United States Agency for International Development (USAID) has produced some useful publications about children affected by AIDS that can be found at:

[www.usaid.gov/pop\\_health/dcofwvf/dcwpvprogs.html](http://www.usaid.gov/pop_health/dcofwvf/dcwpvprogs.html) and

[www.synergyaids.com/children.htm](http://www.synergyaids.com/children.htm)

For more information please contact these relevant departments:

1. The Displaced Children and Orphans Fund
2. The HIV/AIDS Division
3. The Africa Bureau

The United States Agency for International Development (USAID)

Office of Health and Nutrition

300 Pennsylvania Avenue, N.W.

Washington D.C. 20523

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# Index Children of AIDS

By Emma Guest

**4**

**42 Million Children under 15 will lose at least one parent by 2010.....See #8**

**7**

**70% of Lusaka, Zambia's Street Children are Double Orphans.....See #39**

**A**

**Adoption System looks at Parents' Flaws .....See #27**

**African Extended Families Traditionally Care for Orphans.....See #14**

**AIDS Makes Africa's Future Look Bleak.....See #42**

**AIDS Sets Off a Vicious Spiral .....See #43**

**AIDS' Symptoms .....See #22**

**All Options for Solutions Need to be Tried.....See #49**

**B**

**Beautiful Gate Orphans Are Sickly .....See #33**

**C**

**Causes of the AIDS Epidemic in Africa.....See #10**

**E**

**Each Household is Affected .....See #12**

**Emphasis Should Be on Educating Pregnant Women and Supporting Foster Parents .....See #35**

**F**

**Fatalistic View of Life from the Poor..... See #47**

**Fill the Stomach before the Mind..... See #5**

**Foreigners that Help Need to Understand Local Politics ..... See #52**

**Fountain of Hope As An Example of a Good, Small Project ..... See #38**

**G**

**Generation of Children with No Role Models..... See #44**

**H**

**Heather Wants to Use Grandmothers ..... See #28**

**Help All Orphans, Not Just AIDS Orphans..... See #53**

**History of HIV..... See #11**

**HIV/AIDS Epidemic is Worse than the Effects of the Bubonic Plague in Medieval Europe ..... See #9**

**Housing AIDS Orphans in Clusters Uses Whatever Human Resources are Available ..... See #30**

**L**

**Life is a Daily Fight for Survival for the Street Child Orphan.....See #41**

**Little Co-operation among Those with Different Ideas**

**to Reach the Same Goals** *See*  
#3

## **M**

**More People Die Each Day  
from AIDS than on 9/11, but  
Attention Was Diverted to  
Terrorism** .....*See* #6

**Most Africans like a Large  
Family for an Insurance  
Policy** ..... *See* #13

**Most AIDS Deaths Come  
After HIV Prevalence  
Declines**.....*See* #54

**Most Of Zambia's 10 Million  
People are Extremely Poor**  
..... *See* #19

## **N**

**Nazareth House Orphans are  
Very Sickly**.....*See* #32

**No Care for AIDS Orphans  
will lead to Adolescent  
Street Thugs** ..... *See* #15

**No One Knows Extent of the  
AIDS Epidemic** .....*See* #7

**No One Outside the Field  
Sees the Crisis**.....*See* #4

## **O**

**One-Fifth of Zambia's Adults  
are HIV Positive**..... *See* #21

**Only Joy for Grandparents  
are the Children** .....*See* #23

**Orphan Mentoring Program**  
.....*See* #34

**Orphanages** ..... *See* #31

## **P**

**Principle of Cluster Foster  
Care** .....*See* #29

**Problem of AIDS Orphans is  
Great, but Co-operation and  
Innovation are Crucial**.....*See*  
#48

## **S**

**Search for a Politically  
Correct Label**.....*See* #16

**Social and Economic  
Ramifications of AIDS  
Orphans Are Large** ... *See* #46

**Street Children Are at Risk  
for Psychological and  
Physical Damage** ..... *See* #45

**Street Children are Ignored  
by Native Zambians**.*See* #40

## **T**

**Thousands of Good Small  
Projects are Needed**.. *See* #37

**Too Little is Being Done** ....*See*  
#17

**Transparency of Programs is  
a Necessity** .....*See* #51

## **U**

**Uganda's History and AIDS  
Status** ..... *See* #25

**UNICEF Zambia States that  
Small Projects are the Best**  
..... *See* #50

## **V**

**Volunteer Structure is Not  
Well-Organized**..... *See* #26

## **W**

**Widespread Effects of the  
African AIDS Epidemic**....*See*  
#1

**Z**

**Zambia is Peaceful, But Poor**

.....*See #18*

**Zambia's AIDS Crisis is a**

**War Zone.....*See #36***

**Zambia's Life-Expectancy is**

**37; 17.6% of the population**

**are Orphans.....*See #20***

**Zambia's Poor Have No**

**Governmental Support....*See***

**#24**

**Zambian AIDS Crisis... *See #2***