



REPORT TO CONGRESS

**USAID Efforts to Address the Needs  
of Children Affected by HIV/AIDS**

An Overview of U.S. Agency for International  
Development Programs and Approaches







**On the Cover:**

The little boy looking over the table was photographed in February 2000 in Johannesburg, South Africa. He is HIV-positive. Cover photography courtesy of Andrew Petkun.

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Additional copies of this report may be obtained by writing to:



1101 Vermont Avenue, NW Suite 900  
Washington, DC 20005

(202) 842-2939

(202) 842-7646 (Fax)

e-mail at [tvt@tvtassociates.com](mailto:tvt@tvtassociates.com)

web site: [www.synergyaids.com](http://www.synergyaids.com)



## EXECUTIVE SUMMARY

HIV/AIDS is generating a serious humanitarian crisis in many regions of the world, threatening the public health and well-being of entire societies while rolling back decades of progress in economic and social development. Among those most affected by the disease are children orphaned or otherwise burdened by its devastating toll. At the end of 1999, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 13.2 million children under age 15 worldwide had lost their mother or both parents as a result of AIDS; 90 percent of these children live in sub-Saharan Africa. One U.S. Agency for International Development (USAID) study, *Children on the Brink 2000: Updated Estimates and Recommendations for Intervention*, projects that 44 million children in 34 countries hardest hit by HIV/AIDS will have lost one or both parents from all causes, but primarily from AIDS, by 2010.

Although these numbers are staggering, they represent only a portion of children who are affected by HIV/AIDS worldwide. Millions more are living with parents who are ill, often becoming the primary caregivers for their parents, younger siblings, and others. These children are more likely to drop out of school, suffer from malnutrition, be compelled to work in order to survive, be forced from their home due to stigma and discrimination directed at households affected by HIV/AIDS, or find themselves at risk of HIV infection due to their living conditions.

Drawing on its historical involvement with displaced children and orphans, and boosted by an FY 1999 \$10 million Congressional directive for care and support of children affected by HIV/AIDS, USAID is becoming a global leader in addressing the enormous challenges posed by the situation confronting children affected by HIV/AIDS around the world. The Agency is currently funding more than 40 activities to support children affected by HIV/AIDS in 18 developing countries. Though many of these projects are just getting under way, local nongovernmental organizations (NGOs) and community-based organizations (CBOs) are already benefiting from U.S. assistance to better meet the needs of orphans and vulnerable children in their midst.



This document responds to a Congressional request for USAID to report on actions taken to expand access to food and education for children affected by HIV/AIDS. Though USAID does fund extensive programming for vulnerable children in general, this report focuses on activities that specifically support children affected by HIV/AIDS.

While improving access to food and education is an important goal of many USAID initiatives targeting orphans and vulnerable children, this access must be part of a holistic approach (including support for and strengthening of entire communities to better care for these most vulnerable children) to address the needs of this population.

USAID uses several sources of funding to support comprehensive programs that provide care and protection to children affected by HIV/AIDS. These include child survival funds, HIV/AIDS funds for orphans and vulnerable children, Title II Food for Peace funds, and basic education funds.

Problems begin for children in AIDS-affected households long before a parent dies of the disease. Effective community interventions funded by USAID to support orphans and vulnerable children include establishing volunteer visiting programs; providing material support such as food, school fees, shelter, clothing, and blankets; providing economic strengthening activities, including credit and savings programs targeted at orphans and children affected by HIV/AIDS; providing counseling and ongoing psychosocial support; development of community schools; initiating community-based child care; providing peer support and guidance from older children to younger children; supporting parents in planning for the future care of their children; providing protection from abuse; and reducing stigma and discrimination aimed at persons living with HIV/AIDS and their families. It is imperative that programs avoid singling out children orphaned by AIDS. Such a focus can be detrimental to children by exacerbating the stigma that is attached to HIV-infected persons in many communities.

With FY 2001 funding, USAID will expand on existing activities and initiate new ones to reach greater numbers of children in need.

As the Agency scales up its focus on children affected by HIV/AIDS, the pandemic continues to claim the lives of an escalating number of parents, as well as children themselves. It is imperative that care and support initiatives targeting children are implemented in tandem with prevention efforts that will, ultimately, reduce adult infections and deaths. It is also imperative that children made vulnerable by HIV/AIDS do not become part of the next generation of those who become infected.

## ACRONYMS

CBO	Community-based organization
COPE	Community-based Options for Protection and Empowerment
COPHIA	Community-based Program on HIV/AIDS Care, Support and Prevention
CRS	Catholic Relief Services
DCOF	Displaced Children and Orphans Fund
FANTA	Food and Nutrition Technical Assistance Project
IPC	Initiative Privée et Communautaire Contre le SIDA au Burkina Faso
LIFE	Leadership and Investment in Fighting an Epidemic
NGO	Nongovernmental organization
SCOPE	Strengthening Community Partnerships for Empowerment of Orphans and Vulnerable Children
TASO	The AIDS Support Organisation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children Fund
USAID	U.S. Agency for International Development

## HIV/AIDS — A Growing Threat

HIV/AIDS continues to generate a serious humanitarian crisis in many regions of the world, threatening the public health and well-being of entire societies while rolling back decades of progress in economic and social development. More than 36 million people are currently living with HIV/AIDS—almost twice the number of people who have died due to AIDS since the pandemic began, indicating that the worst is yet to come. Five million new HIV infections were reported in 2000 alone. Among those most affected by the disease are children orphaned or otherwise burdened by its devastating toll.

At the end of 1999, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 13.2 million children under age 15 had lost their mother or both parents as a result of AIDS. Ninety percent of these children live in sub-Saharan Africa. A USAID study, *Children on the Brink 2000: Updated Estimates and Recommendations for Interventions*, projects that 44 million children in 34 countries hardest hit by HIV/AIDS will have lost one or both parents from all causes, but primarily from AIDS, by 2010. In Uganda alone, 1.7 million children have been orphaned since the epidemic began. But the numbers of orphans are also growing in Asia—in China and India, for example—where population density is high and new HIV infections are on the rise.

Although the statistics on orphans are staggering, they represent only a portion of children who are affected by the pandemic. Millions more are living with parents who are ill, often becoming the primary caregivers for their parents and younger siblings. The scope and complexity of the challenges faced by orphans and other children made vulnerable by HIV/AIDS cannot be overstated. As family and community structures are weakened by the impact of AIDS, children lack food, shelter, medical care, school fees, protection from neglect and abuse, economic support, and emotional care. They are more likely to live in poor households where financial and emotional resources are stretched as a result of caring for an increased number of children and other dependents. Some are forced from their home due to stigma and discrimination directed at households affected by HIV/AIDS, while others find themselves at high risk of HIV infection due to their living conditions.



### How does HIV/AIDS increase vulnerability among children and adolescents?

- Prolonged illness of one or both parents, as well as relatives, friends, neighbors
- Death of a parent or both parents
- Depletion of financial resources due to death, illness, or support of increased dependents
- Stigma and discrimination associated with AIDS
- Loss of caring adults who can protect, teach, mentor, and love children

Photo courtesy of UNICEF/Jeremy Hartley

Many eventually slip through already weak safety nets and end up living on the streets or in child-headed households. Unfortunately, the vast majority of children affected by HIV/AIDS do not receive help. A 1999 United Nations Children's Fund (UNICEF) study in Zambia found that only 5 percent of these children were receiving direct support.

The HIV/AIDS pandemic is different from any other the world has faced. It attacks adults in their prime years of income earning and child rearing. To make a significant difference, family, community, and government action to mitigate the impact of AIDS must address the particular characteristics of the disease. Key considerations include:

**Urgency.** According to *Children on the Brink 2000*, an estimated 34.6 million children, in 34 developing nations severely affected by HIV/AIDS, have lost one or both parents to all causes, including AIDS. This number is expected to grow to 44 million by 2010. Interventions must quickly be brought to a scale that will reach the vast numbers of children affected by HIV/AIDS and their families. It is imperative that concerted action be taken now to mitigate the impacts of AIDS before the crisis escalates further.

**Duration.** Even if HIV/AIDS rates were to begin to decline, a heightened level of illness and death due to HIV/AIDS would continue for almost a decade due to the large proportion of people already infected. The number of young children who become orphans will continue to remain high for yet another decade. Interventions must be sustainable over the long term, with the expectation that the impacts of AIDS will last for two or more decades.

**Complexity.** HIV/AIDS has both direct and indirect impacts on the economic, social, and political functioning of a society. Increasing numbers of children and adolescents will be undereducated, malnourished, and socially marginalized. Multisectoral interventions need to reach beyond health issues to involve sectors such as education and agriculture.

**Magnitude.** The impact of HIV/AIDS around the world is so large and is growing so rapidly that no single government, international organization, or donor can unilaterally make a sufficient difference. Collaborative action is key to mobilizing resources in an effective

manner at the international, regional, national, and local levels. Only a truly inclusive, collaborative effort—one involving all sectors of government, civil society, the private sector, charitable organizations, international organizations, donors, and individual citizens—can effectively mitigate the epidemic.

## USAID Strategy

When HIV/AIDS strikes, the first line of response comes from families and communities themselves. For the most part, children of affected families continue to be cared for by relatives and neighbors. However, the scale of the pandemic is causing enormous strains on traditional systems of caring for those in need. Communities throughout the developing world are responding to orphans and vulnerable children and need help to scale up and bolster these efforts. USAID recognizes that programs supporting children affected by HIV/AIDS are most effective when they build on local capacity to support the greatest number of children possible.

Appropriate responses must also strike a balance between short- and long-term strategies. Humanitarian assistance for immediate needs, such as food and school fees, must be combined with development assistance through USAID general programs to improve economic and social infrastructures to sustain communities for years to come. USAID-supported interventions incorporate both approaches.

USAID uses several sources of funding to support comprehensive programs that provide care and protection to children affected by HIV/AIDS. These include child survival funds, HIV/AIDS funds for orphans and vulnerable children, Title II Food for Peace funds, and basic education funds. The foundation of USAID's response to children affected by HIV/AIDS is centered on the following strategic components:

- Building on the commitment and capacity of families and communities to cope with their problems by providing strategic technical support that increases the effectiveness and efficiency of their efforts.
- Mobilizing and empowering communities to take responsibility for children affected by HIV/AIDS and orphans and vulnerable children.

- Strengthening the capacity of children and young people to express and meet their own needs.
- Creating a social and policy environment that supports affected children and families and facilitates programs designed to serve them.

Experience from countries most affected by the pandemic indicates that interventions to protect and fulfill the rights of children affected by HIV/AIDS should not single out “AIDS orphans.” Such a focus can be detrimental to children by exacerbating the stigma that is attached to HIV-infected persons in many communities. Moreover, activities must not be limited to orphans; problems begin for children and adolescents in AIDS-affected households long before a parent dies of AIDS.

## **The Role of Food and Education**

### ***Food***

Interventions to mitigate the impacts of HIV/AIDS on vulnerable children should be tailored to the particular economic, social, cultural, and environmental contexts of the communities concerned. Common impacts of HIV/AIDS on children and families include loss of income, coupled with increased expenditures for funerals, for care of sick family members, or for extra children absorbed into the family. Such circumstances often restrict access to food, which may lead to malnutrition among children in households affected by HIV/AIDS. In fact, childhood malnutrition is potentially one of the most severe and lasting consequences of an adult death in the household. Extended families caring for orphans struggle to provide enough nourishment for an increased number of children, and susceptibility to illness for all members of a household may rise as food intake declines.

USAID uses P.L. 480, Title II Food for Peace resources to improve food security through agricultural improvement, maternal and child health activities, “food-for-work” interventions, and the direct distribution of food commodities. The Agency has long been involved in providing Title II resources in AIDS-affected countries, such as Ethiopia, Haiti, India, Kenya, Mozambique, Rwanda, and Uganda. In FY 2000, these

resources were used to supply food to community-based activities supporting children affected by HIV/AIDS and their families in Malawi and Rwanda.

### ***Education***

Increased poverty also leads to decreased access to, and quality of, education. For children in households affected by HIV/AIDS, resources to pay for school fees, books, uniforms, and supplies are often lacking. Children are often forced to leave school once a parent becomes ill. Girls are often forced to drop out of school to care for sick parents or other relatives, while boys may be forced to drop out of school because their income is needed to support the household. Children who remain in school may find it difficult to concentrate on schoolwork or to interact with teachers and peers. Following the death of a parent, many orphans do not continue their education due to decreased economic capacity of their foster families. In communities heavily affected by HIV/AIDS, the illness and death of teachers, principals, and administrators continue to weaken the entire educational system.

Beginning in early 2000, USAID established an HIV/AIDS component within its basic education programs in Africa to support education sectors in those countries hardest hit by the HIV/AIDS pandemic. The Agency’s approach centers on supporting strategic and implementation planning in Ministries of Education to mitigate the impact of HIV/AIDS. Programs to deliver classroom-based prevention and life skills messages are emphasized, as are innovative programs to deliver education to children who have dropped out of the system, many of whom are affected by HIV/AIDS.

### ***Challenges to Food and Education Programming***

Because the targeting of food for HIV/AIDS-affected children represents a new activity for USAID, one of the challenges to providing food to families and communities affected by the epidemic is the lack of well-tested approaches for mitigating the long-term impacts of HIV/AIDS. Program managers must balance responses to the immediate needs for food in households with sick family members or increased numbers of children, with longer-term interventions, such as those

that offer vocational training, microfinance services, or help with improved agricultural production, leading to overall improvements in household food security.

Additional challenges arise when creating basic educational programs to help orphans and vulnerable children remain in school. Providing scholarships is a direct and efficient solution, but their expense and high student dropout rates make the activity difficult to sustain. Some Ministries of Education have waived school fees for orphans, but the resulting budget deficits must be met by other sources. Other activities have included providing supplies/equipment, construction of classrooms, and development of community schools. Although helpful, these programs are often costly and difficult to sustain.

Despite these challenges, increasing food security and access to education for orphans and vulnerable children is an important aspect of USAID programming (using the appropriate funding sources). Examples of specific USAID-funded interventions in this area are discussed in the section titled “USAID-Supported Activities” on page 10.

## History of USAID Involvement

Over the last 15 years, USAID has emerged as a global leader in responding to the HIV/AIDS pandemic due to its strong field presence, technical leadership, extensive and long-term relationships with host country institutions, and a substantial level of financial support.

### *Achievements to Date*

The Agency’s first activities to address the needs of children made vulnerable by HIV/AIDS were initiated by its Displaced Children and Orphans Fund (DCOF), which was established in 1989. DCOF supported an assessment of the growing orphan problem in Uganda in 1991 and helped shape that country’s response to the crisis through technical support and funding. Expertise supported by DCOF to strengthen the capacity of families and communities to provide care, support, and protection for orphans, unaccompanied minors, and war-affected children has been critical to bolstering community-based interventions for children affected by HIV/AIDS. Since 1991, DCOF has supported activities

to help children affected by HIV/AIDS in eight countries: Angola, Burkina Faso, Ethiopia, Kenya, Malawi, South Africa, Uganda, and Zambia.

During the 1997 redesign of USAID’s HIV/AIDS portfolio, the Agency began to expand its models of assistance to include activities to mitigate HIV/AIDS, including those focused on orphans and vulnerable children. At that time, the growing number of persons living with, and affected by, HIV/AIDS necessitated a re-evaluation of the Agency’s exclusive focus on prevention activities. USAID and other donors recognized that providing care and support to persons living with HIV/AIDS, together with support for children affected by AIDS, could not be overlooked in shaping an effective global response.

Taking advantage of the opportunity to promote new models to mitigate HIV/AIDS, in 1997 USAID published *Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS*. This document garnered international attention to the serious impact of the HIV/AIDS pandemic on the lives of millions of children in 23 developing countries severely affected by HIV/AIDS. Together with its 2000 update, the report remains the only source of country-by-country estimates and projections of the number of children who have lost their father, as well as their mother, from all causes, including HIV/AIDS.

In FY 1999, a Congressional directive made available \$10 million to support activities targeted to children affected by HIV/AIDS. This provided important support to USAID Missions to increase their involvement in the issue. The supplemental funding led to the initiation of a range of projects addressing orphans and vulnerable children in 13 countries: Cambodia, Cote d’Ivoire, Haiti, India, Kenya, Malawi, Nepal, Nigeria, Rwanda, South Africa, Uganda, Zambia, and Zimbabwe.

The LIFE (Leadership and Investment in Fighting an Epidemic) Initiative followed in FY 2000, providing a \$100 million increase in U.S. support for HIV/AIDS activities in 13 sub-Saharan African countries and India, of which \$65 million was allocated through USAID. The initiative emphasizes four key program elements critical to fighting the AIDS pandemic: primary prevention, improvement in community- and home-based care and treatment, capacity and infrastructure development,

and care for children affected by HIV/AIDS. This increase included a directive for the P.L. 480, Title II, Food for Peace Programs to provide food for orphans and children made vulnerable by HIV/AIDS (implemented so far in Rwanda and Malawi). In FY 2000, the LIFE Initiative provided support to address the needs of children affected by HIV/AIDS in Ethiopia, India, Rwanda, Malawi, and Uganda.

In FY 2001, \$340 million in Congressional funding for international HIV/AIDS programs has enabled USAID to expand its response to the worsening epidemic, including intensified efforts to focus on orphans and vulnerable children. Following international targets, USAID will work toward providing community support to 25 percent of children affected by AIDS in high prevalence countries by 2007. In FY 2001, USAID will spend more than \$25 million on programs targeted at children affected by HIV/AIDS.

Since 1999, USAID has expanded its efforts to reach children affected by HIV/AIDS from a few activities to more than 40 different projects in 18 countries. In coming years, USAID will expand current activities and will initiate new projects. Unfortunately, the numbers of children who are made vulnerable by HIV/AIDS continue to accelerate at a rate that far surpasses current resources and efforts to care for them. USAID will continue to emphasize prevention in all of its HIV/AIDS activities, because decreasing incidence of HIV is the most direct route to curtailing the growing numbers of orphans worldwide.

### *Spearheading Global Partnerships*

USAID has played a key role in moving the issue of children affected by HIV/AIDS to the forefront of the global response to the pandemic. Collaboration with partners and stakeholders is essential to effectively implementing USAID's strategy to reach increasing numbers of children affected by HIV/AIDS.

In 1994, USAID began to meet regularly with other donors to exchange information and identify opportunities to collaborate. This exchange has continued, and in 2000 the Agency convened consultative meetings on orphans and vulnerable children with UNICEF, UNAIDS, the World Bank, the U.S. Peace Corps, the

United Nations Development Program, and several private foundations.

In 2000, USAID, UNAIDS, and UNICEF began collaborating to build consensus around action needed to protect and care for orphans and vulnerable children. This group continues to develop and solicit comments on a set of principles to guide collaboration on related programming around the world.

USAID and UNICEF jointly convened a November 2000 regional workshop in Lusaka, Zambia, which drew 80 delegates from 14 countries in eastern and southern Africa. Participants shared information and ideas about how to build capacity to scale up activities in order to reach a greater proportion of the millions of children needing help. Each country delegation developed a plan to address action needed at the national level.

USAID has played a key role in launching the UNAIDS-coordinated International Partnership Against AIDS in Africa. As part of its plan to mobilize broader political and social support to mitigate the epidemic's impact, the Partnership emphasizes protection of the rights of children affected by AIDS.

USAID is also providing support to the U.S. Peace Corps initiative launched in June 2000. Under the initiative, Peace Corps volunteers will work with HIV/AIDS-related projects in 24 African countries. In FY 2000, the Peace Corps, funded by USAID and other donors, provided activities such as peer counseling, vocational training, and girls' empowerment classes to children affected by HIV/AIDS in Africa, Latin America and Eurasia.

At the national level, USAID supports collaborative action to address the needs of orphans and other vulnerable children. In 1999, USAID worked with UNICEF, the World Bank, and the Government of Zambia to carry out a national situation analysis. The joint study produced a shared understanding of the situation of orphaned and other vulnerable children in Zambia, assessed current models of care, and recommended action. As a result, USAID has jointly sponsored national planning workshops for the past two years that have helped to shape a coherent national response to children affected by HIV/AIDS in Zambia.

In addition to partnerships focused on orphans and vulnerable children, the education sector has developed an international interagency partnership to coordinate HIV and education activities. In 2000, an informal interagency group of bilateral donors and United Nations agencies, led by USAID, merged with the formal United Nations Interagency Workgroup on HIV and Education. This body is charged with drafting the UNAIDS "Global Strategic Framework for HIV and Education."

## USAID-Supported Activities

### *Community-Based Interventions*

Supporting community-led initiatives to care for children affected by HIV/AIDS is a priority for USAID. Some USAID-funded activities provide direct support to community efforts. Others focus on building the capacity of local NGOs and CBOs so that they can, in turn, support a greater number of community efforts. Effective community interventions are funded by USAID through a variety of sources to support orphans and vulnerable children. These include: establishing volunteer visiting programs; providing material support such as food, school fees, shelter, clothing, and blankets;

### **Types of activities supported by USAID:**

- Community-based interventions
- Policy
- Research
- Information exchange

providing economic strengthening activities, including credit and savings programs targeted at orphans and children affected by HIV/AIDS; providing counseling and ongoing emotional support; developing community schools; initiating community-based child care; providing peer support and guidance from older children to younger children; supporting parents in planning for the future care of their children; providing protection from abuse; and reducing stigma and discrimination aimed at persons living with HIV/AIDS and their families.

The following are examples of USAID-supported interventions that incorporate a focus on children affected by HIV/AIDS.

It is important to note that most of these initiatives were launched in the last year.

### MALAWI

One of the first activities supported by USAID to address the needs of vulnerable children in AIDS-affected communities, Malawi's Community-based Options for Protection and Empowerment (COPE) project is conducting groundbreaking work. Implemented by Save the Children/US, COPE works with local governments, NGOs, religious groups, and others to form or revitalize Village and District AIDS Committees to address the needs of orphans, youth, and people living with HIV/AIDS. As a result of the project, communities have initiated activities to identify, monitor, assist, and protect orphans and other vulnerable people; provide home-based care for those who are ill; generate income to increase food and economic security; prevent transmission of HIV/AIDS; help orphans return to school; and provide psychosocial support to people living with HIV/AIDS and their families. Since 1995, COPE has provided care and support to 12,583 orphans and other vulnerable children in four districts. In 1999 alone, the project provided 1,450 children affected by AIDS with school fees, clothing, and food donations through Village AIDS Committees.

### RWANDA

Catholic Relief Services (CRS), in conjunction with its partners, CARE International, Caritas Rwanda, and World Relief, recently used Title II resources to launch the Safety Net project to increase food security for 7,000 institutionalized orphans, street children, and handicapped persons, and for 4,400 households affected by AIDS in Rwanda. Principal activities include free distribution of food to institutions and to households of children affected by HIV/AIDS. In order to ensure that food security is sustained, food distribution will be paired with activities such as life skills training. In addition, virtually all of the partners involved in the project provide educational services. Provision of food is

expected to be linked with increased productivity and capacity to care for the increasing number of children affected by HIV/AIDS in Rwanda.

### **BURKINA FASO**

The International HIV/AIDS Alliance has been working since 1994 to strengthen the capacity of NGOs and CBOs to address HIV/AIDS prevention and care. The Alliance is currently working with affiliates in Burkina Faso and in Cambodia to increase capacity to respond to the needs of vulnerable children. In Burkina Faso, the project works with the national networking organization, Initiative Privée et Communautaire Contre le SIDA au Burkina Faso (IPC). Extensive information gathering and discussions have been initiated to develop a systematic, community-led response to the growing number of orphans and vulnerable children in Burkina Faso. Partners include NGOs/CBOs, multilateral and bilateral development organizations, and the National AIDS Committee.

Technical training is provided to NGOs/CBOs, including training on data collection, project planning, implementation of prevention and care activities, and community mobilization techniques. In 2001, IPC plans to provide technical support to 51 NGOs/CBOs and to reach 3,000 orphans and vulnerable children.

Photo courtesy of Andrew Petkun

### **What About Orphanages?**

Many have suggested that building more orphanages or other group residential facilities is an effective way to care for the increasing numbers of orphans in AIDS-affected countries. USAID does not recommend employing such a strategy as a frontline response to the AIDS crisis as it affects children. Care provided in institutional settings often fails to meet the developmental needs of children. In addition, maintaining orphanages is much more expensive than providing direct assistance to families and communities to care for orphaned children themselves.

The experience of major international child welfare organizations has shown that children benefit greatly from the care, personal attention, and social connections that families and communities can provide. Particularly in the developing world, where the extended family and community are the primary social safety nets, the absence of such connections greatly increases long-term vulnerability. Children raised in orphanages often have difficulty re-entering society once they reach adulthood; many are ill-equipped to fend for themselves in the outside world. In Ethiopia and Uganda, long-term experience with orphanages has led those governments to shift gears and instead adopt policies supporting family-based care.

Costs associated with providing basic care to orphans skyrocket when salaries must be paid, buildings maintained, food prepared, and services provided. Cost comparisons conducted in Uganda show the ratio of operating costs for an orphanage to be 14 times higher than those for community care. A 1992 study by the World Bank found that institutional care at one facility in Tanzania cost \$1000 per year per child, a figure six times more expensive than the average cost of foster care in that country. In communities under severe economic stress, increasing the numbers of places in orphanages often results in children being pushed out of households to fill those places.

In developing nations, the extended family and community are the traditional mechanisms for caring for orphaned children. Where circumstances prevent immediate care within a family, care in an orphanage is best used as a temporary measure until more appropriate placement can be arranged.



In Cambodia, the International HIV/AIDS Alliance worked with the HIV/AIDS NGO alliance KHANA to carry out an assessment of needs and resources among children affected by HIV/AIDS. The assessment, conducted in 2000, included interviews with 900 participants, over half of whom were children. Among other findings, interviews revealed that girls are more vulnerable than boys and that all children affected by HIV/AIDS are exposed to high levels of stigma and psychosocial stress. Findings from the assessment will be used to help KHANA and local NGOs determine short- and long-term strategies for programs assisting children affected by HIV/AIDS. NGOs are being supported to develop ways to monitor change in the condition of these children.

#### KENYA

The Community-based Program on HIV/AIDS Care, Support and Prevention (COPHIA), implemented by Pathfinder International, was launched in 1999 to increase the ability of communities to identify their needs and develop and carry out activities that focus on HIV/AIDS-related prevention, care and support. COPHIA focuses on strengthening home-based care and developing appropriate coping mechanisms among affected populations, including children and orphans. The project utilizes an innovative and comprehensive participatory approach that will inform similar projects in Africa.

#### ZAMBIA

The Strengthening Community Partnerships for Empowerment of Orphans and Vulnerable Children (SCOPE) project began in January 2000 and is being implemented in nine districts across Zambia by CARE/Zambia and a local NGO, Family Health Trust. The project receives technical support and guidance from the USAID-funded Family Health International/IMPACT Project. The IMPACT Project is currently managing and providing technical support to more than 14 of USAID's activities focusing on orphans and vulnerable children in more than seven countries. The SCOPE Project aims to:

- Strengthen district and community orphans and vulnerable children committees;

- Expand the effectiveness and efficiency of local CBOs, churches, government ministries, and private sector groups;
- Mobilize, scale up, and strengthen community-led responses and programs; and
- Provide technical assistance in areas such as HIV prevention, succession planning, community mobilization, and evaluation.

#### UGANDA

The AIDS Support Organisation (TASO) has traditionally been supported by USAID to provide care and support to those who are ill as a result of HIV/AIDS. However, after a comprehensive evaluation in 1998, TASO identified the need to expand its activities to provide support to children and youth below the age of 20 whose parent(s) have died or are unable to provide for the basic psychosocial needs of their children. The organization found that school-related costs were the major concern of parents caring for orphaned children. Under its current four-year plan, TASO will support primary and vocational education expenses for the neediest children of TASO clients. Succession planning and the writing of "memory books" are a few of the tools employed by TASO to help children and parents confront and plan for a death due to AIDS. The project will also train teachers in basic counseling skills so that they are better able to respond to children who have experienced the trauma of living with parents who are sick or have already died as a result of AIDS. To date, TASO has directly assisted 232 children affected by HIV/AIDS and has indirectly assisted 6,000 children.

#### SOUTH AFRICA

Through a partnership with USAID announced in July 2000, the Nelson Mandela Children's Fund has recently begun to implement a five-year project to mobilize community support for South African children affected by HIV/AIDS. The project, called Goelama (a Tswana word for nurturing and protecting the young), will be implemented in two phases. The first will implement and test innovative approaches for meeting the needs of orphans and vulnerable children. The second phase will enable the project to expand successful strategies to new geographic areas.

The project focuses on three major activities:

1) *Community support initiatives* will build capacity of communities to plan, mobilize, and implement support and care activities for orphans and vulnerable children according to the circumstances of the children in that community; 2) *Microfinancing initiatives* implemented by the Nelson Mandela Children's Fund will test the "marriage" of social development activities with economic strengthening by developing partnerships with established South Africa-based microfinance institutions willing and able to develop innovative financial products and to provide business support services to targeted households, and/or communities supporting orphans and vulnerable children; and 3) *Advocacy* will contribute to the establishment of a national policy framework and strategic plan for assistance to children affected by HIV/AIDS, as well as to strengthening networks of government or NGO services and relief. The project will target approximately 250,000 orphans and other vulnerable children and youth in 10 communities most affected by HIV/AIDS.

### *Creating a Supportive Policy Environment*

For the past decade, USAID has sought to strengthen the capacity of African Ministries of Education to improve the quality of education for all African children and to improve access for the most vulnerable. Improving girls' access to education has been a USAID priority in Benin, Ethiopia, Guinea, Malawi, Mali, Uganda, and Zambia. In Guinea, Malawi, and Mali, USAID has established community schools to provide access to disadvantaged children.

USAID-funded health and community-based projects designed to respond to the needs of orphans and vulnerable children have successfully leveraged education sector funds for further work in HIV and education. Through its basic education programs, USAID is continuing support to expand educational opportunities for all African children. The Agency targets mitigation and prevention of HIV/AIDS in the education sector through the following activities:

- Regionally, USAID worked with Ministries of Education and the Health Economics and HIV/AIDS Research Division (HEARD) at the University of Natal in South Africa to develop a Mobile Task Team to assist Ministries to respond to the impact of HIV/AIDS.
- Through the Mobile Task Team, USAID's Africa Bureau supported strategic and implementation planning for Ministries of Education in HIV/AIDS in Ghana, Malawi, Namibia, South Africa, and Zambia.
- In collaboration with the Ministry of Education and other partners, USAID supported an extensive assessment of the impact of HIV/AIDS on Malawi's education sector.
- In South Africa and Malawi, USAID supported an HIV/AIDS advisor to work with the Ministry of Education.
- In South Africa, a pilot life skills education program was designed in collaboration with the Ministry of Education.
- An interactive radio education program was piloted in Zambia in 2000 to provide education to orphans and other vulnerable children; the program will be scaled up in 2001.
- In Namibia, USAID, in collaboration with the Education for Development and Democracy Initiative, developed an educational support program for orphans and out-of-school youth.
- In Mali, USAID, in collaboration with the Ministry of Education and John Snow International, trained 2,500 youth as peer educators in life skills curricula.

### *Research*

Though there are numerous approaches to supporting activities focusing on children affected by HIV/AIDS, large amounts of donor funds have only recently become available. Expanding the scale and reach of successful efforts is feasible, but responses to the impact of HIV/AIDS on children are still at a developing stage. External program evaluations are rarely conducted and, when they are, their results are infrequently documented and shared so that others may learn from them.

Governments, donors, NGOs, and community groups need better information about the most effective ways to intervene on behalf of children and how to achieve coverage that addresses the massive scale of need. To fill this gap, USAID supports several research projects to identify successful program models for orphans and vulnerable children, the results of which will be widely shared with local and global partners. Examples of such research follow:



### Findings from FANTA research in Malawi:

- In order to ensure sustainability before introducing food into the community, it is necessary to establish community mobilization efforts, select households, register participants, and distribute ration cards.
- Research was conducted within traditional structures and with the assistance of village chiefs. This strategy was helpful in achieving legitimacy within the community.
- Continuing HIV/AIDS education and awareness are needed at the community level.
- Communities identify the elderly as particularly vulnerable.

### Findings from Horizons Project research in Uganda:

- Children whose parents are living with HIV/AIDS have as much need for services as orphaned children in foster households, including health care and access to medications for opportunistic infections.
- There is an urgent need to raise community awareness and accountability about women's and children's property rights.
- Participants cited material support, including increased access to food, as their greatest need.

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### MALAWI

USAID's Food and Nutrition Technical Assistance (FANTA) Project conducted research in Malawi as the basis for a guide to improve food security and nutrition among persons affected by HIV/AIDS and their families. Research included interviews with orphan care committees and heads of households caring for orphans and vulnerable children. The guide, which will be released later this year, will enable organizations to better implement food projects in their activities to mitigate the impact of HIV/AIDS.

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### UGANDA

The Horizons Project, managed by the Population Council, is funded by USAID to conduct operations research on HIV/AIDS-related issues. Together with their partner in Uganda, PLAN International, Horizons is studying the effect of interventions to help parents who are ill as a result of AIDS to plan for the future of their children. Parents are encouraged to talk with their children about their illness and to identify and work with potential guardians for their children.

Although research will continue through 2001, baseline results have already contributed to a better understanding of the needs of children affected by HIV/AIDS. The box at left contains observations based on interviews with 1,407 participants.

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### KENYA

Research has shown that high proportions of AIDS-affected infants and young children will either die young or suffer permanent damage to their nutritional status, health, and coping ability due to poor psychosocial care in early childhood.

The Academy for Educational Development's Ready to Learn Project is currently assessing challenges and local resources for improving care of orphans and vulnerable children under age 5 in western Kenya. Findings will be used to guide NGOs and CBOs in selecting strategies, adapting tools, and designing interventions targeting the under-5 population. Model sites for expanded community-based programs will be selected,

and information on effective models to address the physical and psychosocial situation of young children will be disseminated via videos, policy briefs, and papers.

Through focus group discussions and site visits, researchers are investigating questions such as:

- What problems do the neediest orphans face?
- How are the problems of children under 5 years of age different from the problems of older orphans?
- What is the community already doing to address the problems of orphans and vulnerable children?
- What existing community structures could work together to promote better care of orphans and vulnerable children?

### ***Information Exchange***

USAID continues to support information exchange related to children affected by HIV/AIDS through conferences, publications, workshops, and an electronic discussion forum. For example, together with UNICEF and UNAIDS, USAID hosted a number of satellite sessions focusing on issues related to children and adolescents affected by HIV/AIDS at the XIII International Conference on AIDS in Durban, South Africa, in July 2000. Also in partnership with UNICEF and the U.S. Peace Corps, USAID holds regular town hall meetings to bring together donors and implementing organizations to discuss technical areas of concern. Within USAID, technical experts provide regular support to USAID Missions in developing strategies for orphans and vulnerable children.

Reports and educational tools published by USAID's DCOF provide critical information and guidance on issues related to orphans and vulnerable children, as well as those affected by conflict or those living on the street. Technical experts, supported by DCOF, work with USAID Missions and implementing organizations to increase the effectiveness of those organizations to identify and address the needs of children affected by HIV/AIDS.

The Synergy Project, funded by USAID to provide technical support for global HIV/AIDS activities, in 2000 published an update to USAID's 1997 *Children on the Brink* report, titled *Executive Summary, Children on the Brink 2000: Updated Estimates and Recommendations for Intervention*. The 2000 version includes estimates for

34 developing countries severely affected by HIV/AIDS; a description of what children, families, and communities are doing to address the growing orphan problem; strategies for intervention; and a strategic agenda to guide coherent action by the world community.

Synergy and USAID also launched an electronic discussion forum in 2000 to facilitate information exchange on children affected by HIV/AIDS. Currently, 380 participants from 21 countries take part in the forum, which includes discussion on lessons learned, research, technical approaches, and conferences.

### **Future Plans**

The impact of the HIV/AIDS pandemic on children is overwhelming. Approximately 44 million children in 34 developing nations severely affected by HIV/AIDS will have lost one or both parents from all causes by 2010, most of whom will have died of AIDS or related complicating illnesses. These children—along with others living in households and communities hardest hit by the epidemic—are more likely to drop out of school, suffer from malnutrition, be forced to work in order to survive, or become primary caregivers and heads of household when a parent falls ill. The future of an entire generation is at risk.

The majority of USAID-funded activities to reach children affected by HIV/AIDS have been implemented since 1999. Community-based interventions include the Save the Children/COPE project in Malawi, which in one year provided 1,450 children affected by HIV/AIDS with school fees, clothing, and food donations, and the CRS Safety Net project in Rwanda, which is working to distribute food to 7,000 orphans, street children, and handicapped persons. USAID-supported policy initiatives are engaging Ministries of Education across Africa in strengthening HIV/AIDS mitigation and prevention activities within the education sector, from developing life skills curricula for children affected by the pandemic to establishing community schools to reach children who are not enrolled in government-sponsored schools.

Research programs are under way to inform development of a guide to improve food security and nutrition among persons affected by HIV/AIDS and their families, and to investigate how AIDS-affected parents



can help their children prepare for an uncertain future. Finally, USAID continues to facilitate information exchange on lessons learned, research, and technical approaches to support children affected by HIV/AIDS with a number of multilateral organizations, donors and national governments.

Through these activities and others carried out across the developing world, USAID is working diligently to provide technical support to build the capacity of families and communities coping with HIV/AIDS, mobilize these communities to take responsibility for their children, strengthen the capacity of children to meet their own needs, and create a social and policy environment supportive of children made vulnerable by the pandemic.

With FY 2001 funding, USAID will begin implementing a range of new activities and will expand current activities to reach greater numbers of children in need.

As USAID scales up these activities, the AIDS crisis continues to claim the lives of an escalating number of parents, as well as children themselves. It is imperative that care and support initiatives targeting children are

implemented in tandem with prevention efforts that will, ultimately, reduce adult deaths. It is also imperative that children made vulnerable by HIV/AIDS do not become part of the next generation of those who become infected.

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**U.S. Agency for International Development**  
1300 Pennsylvania Avenue, NW  
Washington, DC 20523-1817  
[www.usaid.gov](http://www.usaid.gov)