

**EXECUTIVE
SUMMARY**

**Africa's Orphaned
and Vulnerable
Generations**

**CHILDREN
AFFECTED
BY AIDS**



Introduction

The AIDS epidemic in sub-Saharan Africa is affecting children in many harmful ways, making them vulnerable, leaving them orphaned and threatening their survival. In the most affected countries in this region, children are missing out on what they need for survival, growth and development, and progress on key national development goals is being jeopardized.

The Millennium Declaration and the Millennium Development Goals, as well as the commitments made by world leaders at the United Nations General Assembly Special Sessions on HIV/AIDS in 2001 and on Children in 2002 and at the 2006 High-Level Meeting on AIDS, set the parameters for addressing the impact of the AIDS epidemic on children. The global campaign *Unite for Children. Unite against AIDS*, launched in October 2005, called for the protection of orphans and vulnerable children as one of four priority action areas.

Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS is an update of the 2003 report *Africa's Orphaned Generations*. It incorporates new and refined estimates of the number of children orphaned in sub-Saharan Africa, as well as current research on the impact of AIDS and orphaning. Information about orphans in the region has increased significantly in recent years and research has become more rigorous. And, while information on other vulnerable children in the region lags far behind, the situation of some well-defined groups, such as children living with chronically ill parents, is now being studied more systematically.

As summarized here and detailed in the full report, the situation is complex, findings cannot necessarily be generalized, and research and assistance to orphans and vulnerable children is challenged by this complexity.

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THE SCALE OF THE CRISIS

The AIDS epidemic puts children at risk physically, emotionally and economically. All children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the epidemic.¹ Nurses, doctors, teachers and others can become ill and die from AIDS, affecting health care, education and other basic services.

Children are directly affected in a number of ways. They may live at high risk of HIV; they may live with a chronically ill parent or parents and be required to work or put their education on hold as they take on household and caregiving responsibilities; their households may experience greater poverty because of the disease; and they can be subject to stigma and discrimination because of their association with a person living with HIV. Children can also become orphans, having lost one or both parents to AIDS-related illnesses.

In sub-Saharan Africa, AIDS is the leading cause of death among adults aged 15-59.² Although the total number of orphans from all causes in Asia and in Latin America

and the Caribbean since 1990 has been decreasing, the number of orphans from all causes has risen by more than 50 per cent in sub-Saharan Africa (see Figure 1).

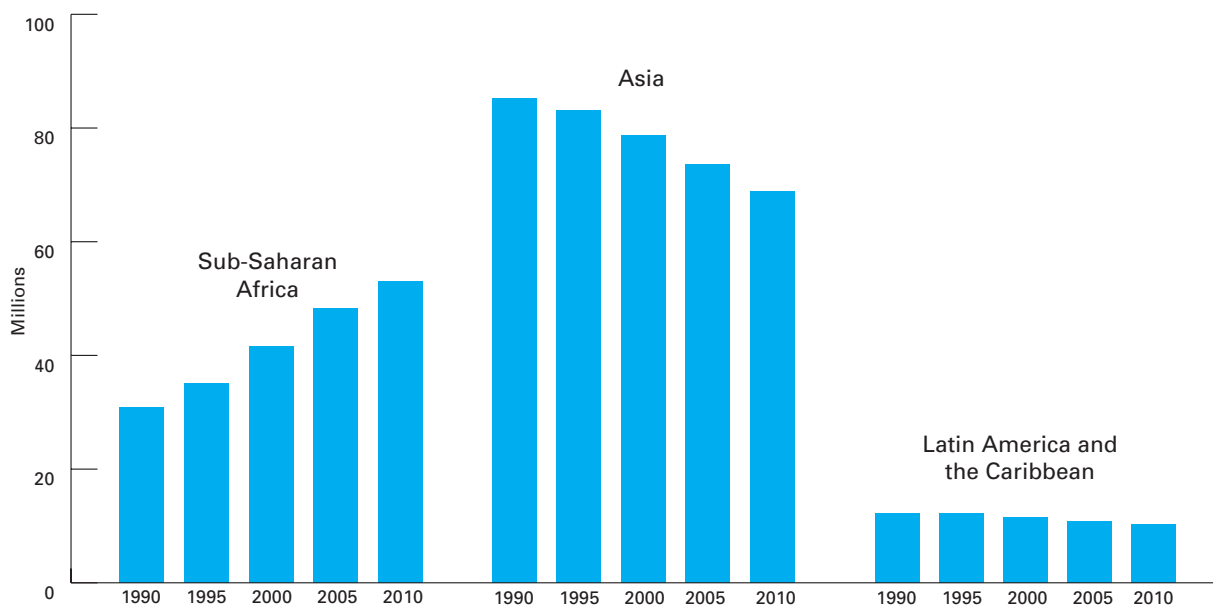
Orphaning due to AIDS increased the number of children orphaned from all causes in sub-Saharan Africa from 30.9 million in 1990 to 48.3 million by the end of 2005. An estimated 12 million children aged 0-17 have lost

one or both parents to AIDS,³ making the region home to 80 per cent of all the children in the developing world who have lost a parent to the disease.

By 2010, an estimated 15.7 million children – 30 per cent of the 53 million anticipated orphans from all causes in sub-Saharan Africa – will have lost at least one parent due to AIDS (see Figure 2). In only five countries (Comoros, Ghana,

All children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the epidemic.

FIGURE 1: Number of orphans aged 0-17, by region, 1990-2010



Source: UNAIDS and UNICEF estimates, 2006.

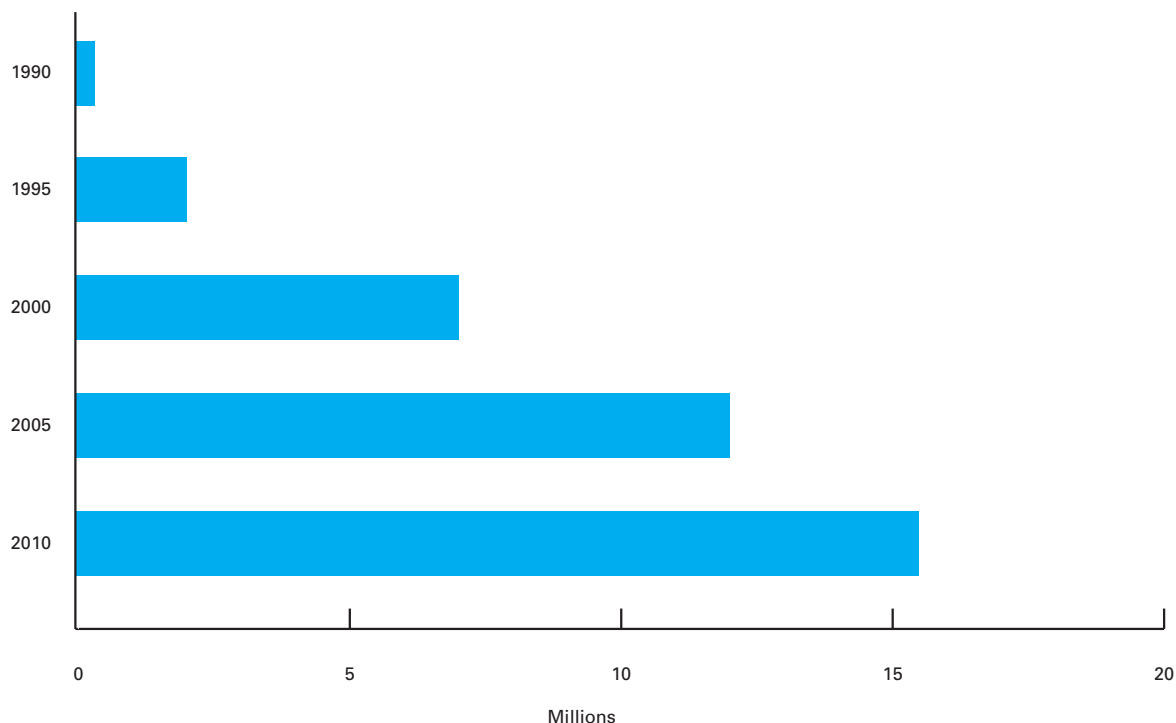
In 2005, 5.5 million children in sub-Saharan Africa experienced the death of a parent from any cause.

Mauritius, Rwanda and Zimbabwe) is the number of orphans projected to stabilize or slightly decrease; in eight countries (Chad, Gabon, Guinea-Bissau, Malawi, Mozambique, Namibia, South Africa and Swaziland) the number of orphans will increase by 15 per cent or more between 2005 and 2010 (see

Statistical Table 2 for details). Even where HIV prevalence stabilizes or begins to decline, the number of orphans will continue to grow or at least remain high for years, reflecting the time lag between HIV infection and death.

The magnitude and trends in overall orphanhood in the

FIGURE 2: Number of children in sub-Saharan Africa aged 0-17 orphaned due to AIDS, 1990-2010



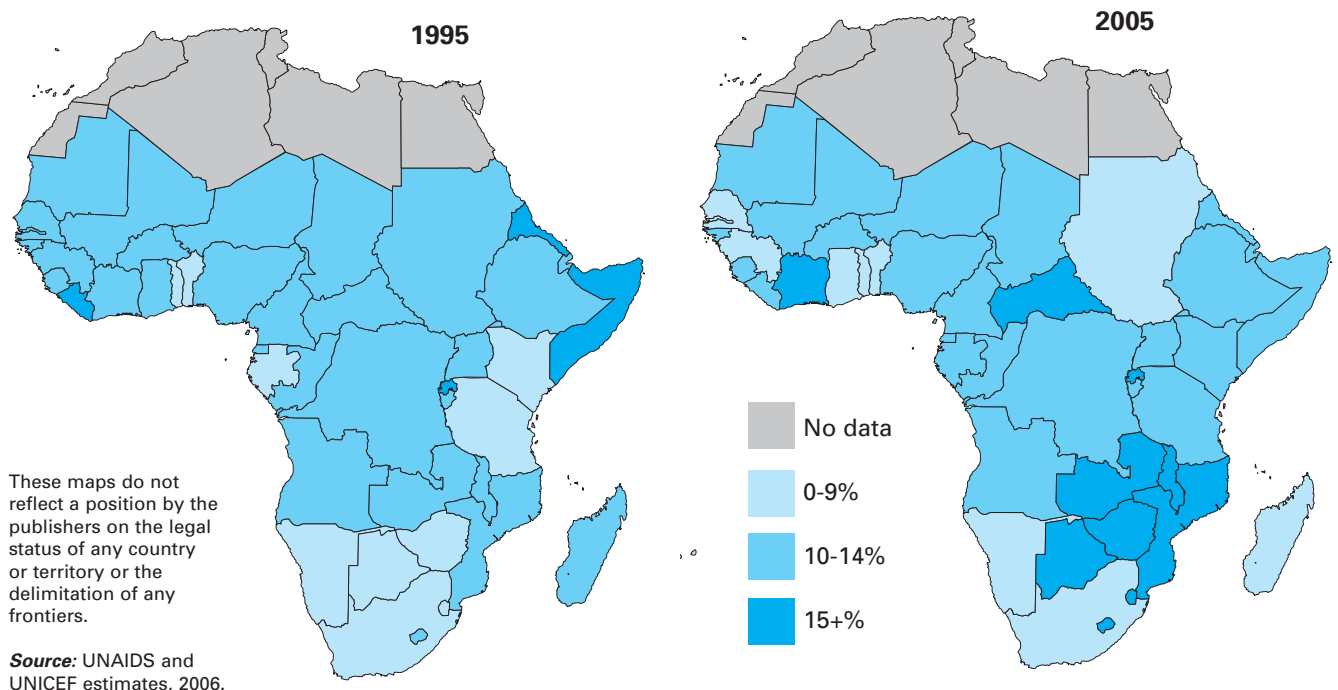
Sources: UNAIDS and UNICEF estimates, 2006.

countries of sub-Saharan Africa in 1995 and 2005 are depicted in Figure 3.⁴ As the maps show, children are experiencing the greatest parental loss in southern Africa, where HIV prevalence rates are highest. Of the 10 countries in sub-Saharan Africa where 15 per cent or more of all children were

orphans in 2005, 7 were in southern Africa. And in 7 of the 10 countries in southern Africa with data, more than 50 per cent of orphaning is due to AIDS (see *Statistical Table 2*). By contrast, in 20 of the 31 other countries in sub-Saharan Africa with available data, less than 20 per cent of orphaning is due to AIDS.

In 2005, 5.5 million children in sub-Saharan Africa experienced the death of a parent from any cause. It can be assumed that a similar number will experience a death in the coming year. In countries where a significant proportion of those adult deaths are due to AIDS, these children will be coping with their parents' illness.

FIGURE 3: Percentage of children in sub-Saharan Africa aged 0-17 orphaned by any cause, 1995 and 2005



2

THE IMPACT ON CHILDREN

The experience of orphaned and vulnerable children varies significantly across families, communities and countries. Some studies have shown that orphans and vulnerable children are at higher risk of missing out on schooling,⁵ live in households with less food security,⁶ suffer anxiety and depression,⁷ and are at higher risk of exposure to HIV.⁸ The situation is influenced by a complex mix of variables, including children's relationship to their caregivers, the wealth of their household and community, HIV prevalence in the community and an array of other factors.

In almost every country in the region, there are notable differences between the responsibilities assumed by fathers and mothers, with widowed mothers more likely to be responsible for the care of their children than widowed fathers,⁹ making children who lose their mothers less likely to live with the surviving parent, compared to children who lose their fathers.

Furthermore, the survival of the youngest children (aged 0-3) is at stake when their mothers are dying or have recently died. This is true whether the mother dies of AIDS or other causes. Children of this age group are 3.9 times more likely to die in the year before or after their mother's death.¹⁰

Almost half of all orphans and two thirds of double orphans

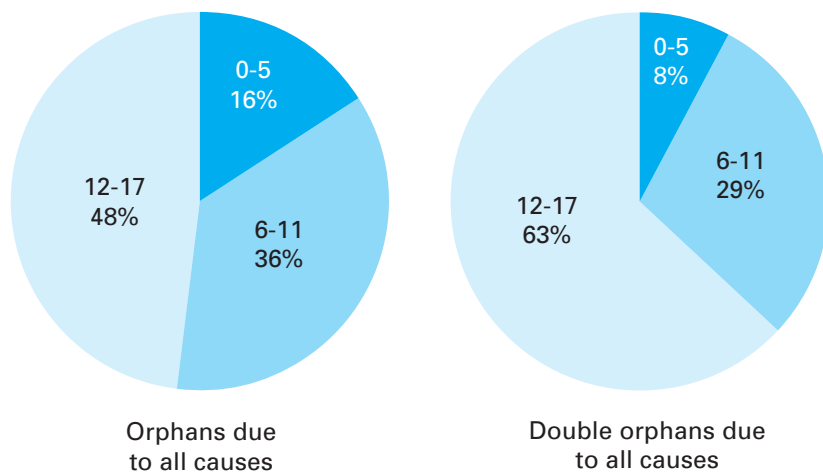
are adolescents aged 12-17. Although they make up only 16 per cent of all orphans, younger orphans (aged 0-5) are the least resilient and have the greatest need for physical care and nurturing (see Figure 4).

Extended families care for the vast majority of orphans and vulnerable children in sub-Saharan Africa, in many countries assuming

responsibility for more than 90 per cent of all double orphans and single orphans not living with the surviving parent.¹¹ Studies in the region have repeatedly established the importance for children of growing up in a family environment. Within a household, the nature of the relationship between the new caregiver and the child strongly influences the outcome for the child. Several studies have shown that the closer children remain to their biological family, the more likely they are to be well cared for and the greater the chance that they will go to school consistently, regardless of poverty level.¹²

While families have cared for the expanding number of orphans and vulnerable children in sub-Saharan Africa, in places with advanced epidemics, children are ending up in poorer households and available caretakers are becoming scarcer and more impoverished.

FIGURE 4: Age distribution of orphaned children in sub-Saharan Africa, 2005



Source: UNAIDS and UNICEF estimates, 2006.

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CONCLUSION

The implications of the AIDS epidemic for generations of orphans and vulnerable children in sub-Saharan Africa are serious, but governments, international agencies, non-governmental organizations and community groups can alter the course of the response.

Some challenges can be addressed by providing support to caregivers, extended families and communities. Others, including equitable access to education and health, birth registration, foster care and inheritance legislation, also require commitment and intervention from governments.

In recent years, there has been a surge in leadership and resources for the fight against AIDS. In 2005, approximately \$8.3 billion was available for responding to the epidemic.¹³ While a long-needed influx of funds has great potential for improving the lives of millions of children affected by the disease, the multisectoral nature of HIV response makes tracking difficult at the country level, so it is not known what percentage of this money is specifically helping children.

The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS, drawn up in 2004 by a broad array of partners, focuses on families, communities, services and governments, and on creating a supportive environment for children. As described in the full report, most countries in sub-Saharan Africa (as well as a number of countries in other regions) are now developing national plans of action for these areas.

To implement an appropriate response at the required scale, however, there must be sufficient knowledge to understand the situation of children affected by AIDS. Despite the more rigorous study of the conditions of orphans and vulnerable children in this region, and more systematic data collection, the knowledge base on the status of these children still needs to be expanded and strengthened.

Our understanding is far from comprehensive and needs to be improved. This is particularly pressing, given that the AIDS epidemic is now well into its third decade.

We must also step up efforts to measure the effectiveness of programmes supporting orphans, vulnerable children and their families. Improved research must be translated into better responses at scale, and more systematic monitoring systems should be set up to ensure that children's needs are indeed being met. Accelerating evidence-based prevention measures for children and adults will reduce future numbers of orphans and vulnerable children. And increased access to antiretroviral therapy and treatment for HIV-related illness will help prolong the lives of parents living with HIV.

As described in the full report, the situation of orphans and vulnerable children varies by context, and responses need

to be based on situation assessments in order to reflect local realities and meet local needs. Links need to be made across sectors to ensure a comprehensive approach. In addition, research to date reveals a particular burden on female-headed and poorer households; this suggests that current assistance should prioritize vulnerable households, particularly those headed by women.

Since the publication of *Africa's Orphaned Generations* in 2003, HIV continues to spread against a backdrop of poverty in sub-Saharan Africa. The focus has shifted to cover vulnerable children, as well as orphans. Rapidly accelerated and adequately resourced action that is based on the growing body of evidence can help ensure that orphans and vulnerable children grow up safe, healthy, happy and well-educated, with the chance to achieve their true potential.

TABLE 1
ESTIMATED NUMBER OF ORPHANS BY REGION, YEAR, TYPE AND CAUSE

Region	Year	Population aged 0–17	% of children who are orphans	Children orphaned during the year	Maternal orphans ^a	Paternal orphans ^a	Double orphans ^a	Total number of orphans ^a	Total number of orphans due to AIDS	Children orphaned by AIDS as % of all orphans
Sub-Saharan Africa										
	1990	271,600,000	11	3,400,000	13,600,000	21,400,000	4,100,000	30,900,000	330,000	1
	1995	309,900,000	11	4,200,000	16,000,000	24,000,000	4,900,000	35,000,000	2,300,000	7
	2000	348,500,000	12	5,100,000	20,500,000	27,900,000	6,800,000	41,500,000	7,000,000	17
	2005	387,000,000	12	5,500,000	25,500,000	31,900,000	9,100,000	48,300,000	12,000,000	25
	2010	427,000,000	12	5,700,000	28,500,000	34,800,000	10,300,000	53,100,000	15,700,000	30
Asia										
	1990	1,095,200,000	8	9,100,000	30,800,000	60,900,000	6,400,000	85,200,000	–	–
	1995	1,117,700,000	7	8,800,000	28,800,000	60,200,000	5,900,000	83,100,000	–	–
	2000	1,145,100,000	7	8,400,000	25,800,000	57,700,000	4,800,000	78,600,000	–	–
	2005	1,141,700,000	6	8,000,000	22,900,000	54,800,000	4,000,000	73,700,000	–	–
	2010	1,129,000,000	6	7,700,000	20,300,000	52,000,000	3,400,000	68,900,000	–	–
Latin America and the Caribbean										
	1990	184,500,000	7	1,300,000	3,700,000	9,300,000	750,000	12,300,000	–	–
	1995	189,800,000	6	1,300,000	3,500,000	9,400,000	690,000	12,200,000	–	–
	2000	192,300,000	6	1,200,000	3,100,000	8,900,000	600,000	11,400,000	–	–
	2005	193,800,000	6	1,200,000	2,800,000	8,500,000	500,000	10,700,000	–	–
	2010	194,200,000	5	1,200,000	2,500,000	8,100,000	420,000	10,200,000	–	–
Total										
	1990	1,551,200,000	8	13,800,000	48,000,000	91,600,000	11,300,000	128,400,000	–	–
	1995	1,617,400,000	8	14,300,000	48,200,000	93,600,000	11,500,000	130,300,000	–	–
	2000	1,686,000,000	8	14,800,000	49,400,000	94,500,000	12,300,000	131,600,000	–	–
	2005	1,722,400,000	8	14,700,000	51,200,000	95,200,000	13,700,000	132,700,000	15,200,000	11
	2010	1,750,200,000	8	14,600,000	51,300,000	95,000,000	14,100,000	132,200,000	20,200,000	15

^aChildren are defined as maternal or paternal orphans regardless of the survival status of the other parent. Thus the estimates of maternal and paternal orphans include double orphans. The total number of orphans = maternal orphans + paternal orphans - double orphans.

Source: UNAIDS and UNICEF 2006.

TABLE 2

ESTIMATED NUMBER OF ORPHANS IN SUB-SAHARAN AFRICA
BY COUNTRY, TYPE, AGE AND CAUSE

Regions/Countries	Total orphans, 2005				Orphans by type, 2005				Orphans by age group, 2005			Projections for 2010	
	Total number of orphans	% of children who are orphans	Number of orphans due to AIDS	Children orphaned by AIDS as % of all orphans	Maternal orphans ^a	Paternal orphans ^a	Double orphans ^a	Children orphaned in 2005	% of children aged 0-5 who are orphans	% of children aged 6-11 who are orphans	% of children aged 12-17 who are orphans	Total number of orphans in 2010 (projected)	Orphans as % of all children in 2010 (projected)
West Africa													
Benin	370,000	8	62,000	17	160,000	250,000	44,000	44,000	3	9	15	400,000	8
Burkina Faso	710,000	10	120,000	16	320,000	470,000	79,000	82,000	4	10	17	790,000	9
Cape Verde	-	-	-	-	-	-	-	-	-	-	-	-	-
Côte d'Ivoire	1,400,000	15	450,000	33	790,000	940,000	350,000	150,000	6	16	24	1,500,000	15
Gambia	64,000	9	4,000	6	26,000	43,000	6,000	7,000	3	9	16	65,000	8
Ghana	1,000,000	9	170,000	17	490,000	640,000	110,000	110,000	3	10	16	1,000,000	9
Guinea	370,000	8	28,000	7	160,000	250,000	38,000	39,000	3	8	15	380,000	7
Guinea-Bissau	100,000	12	11,000	10	48,000	72,000	16,000	12,000	5	13	21	120,000	12
Liberia	250,000	14	-	-	130,000	170,000	60,000	27,000	6	15	28	280,000	14
Mali	710,000	10	94,000	13	320,000	470,000	85,000	78,000	4	11	19	770,000	10
Mauritania	170,000	11	7,000	4	75,000	120,000	17,000	19,000	4	12	20	190,000	10
Niger	800,000	11	46,000	6	370,000	520,000	87,000	92,000	4	12	21	890,000	10
Nigeria	8,600,000	13	930,000	11	4,400,000	5,800,000	1,500,000	1,000,000	5	14	21	9,600,000	13
Senegal	560,000	9	25,000	4	250,000	370,000	67,000	61,000	4	10	17	570,000	9
Sierra Leone	340,000	13	31,000	9	150,000	240,000	52,000	38,000	5	14	23	370,000	12
Togo	280,000	9	88,000	31	130,000	190,000	38,000	36,000	3	10	16	320,000	9
Central Africa													
Cameroon	1,000,000	13	240,000	24	540,000	660,000	180,000	120,000	6	14	21	1,100,000	14
Central African Republic	330,000	16	140,000	41	180,000	220,000	76,000	38,000	7	18	26	360,000	17
Chad	600,000	12	57,000	10	280,000	410,000	84,000	76,000	5	13	21	730,000	12
Congo	270,000	12	110,000	39	140,000	180,000	48,000	30,000	5	14	22	300,000	12
Congo, Democratic Republic of the	4,200,000	14	680,000	16	2,100,000	2,800,000	800,000	450,000	6	16	24	4,600,000	13
Equatorial Guinea	29,000	12	5,000	16	14,000	20,000	5,000	3,000	5	13	21	32,000	11
Gabon	65,000	11	20,000	31	32,000	41,000	8,000	9,000	4	11	17	75,000	12
Sao Tome and Principe	-	-	-	-	-	-	-	-	-	-	-	-	-
Sudan	1,700,000	9	140,000	8	740,000	1,100,000	180,000	180,000	3	9	15	1,800,000	8
East Africa													
Burundi	600,000	13	120,000	21	310,000	400,000	110,000	61,000	5	15	24%	650,000	12
Comoros	33,000	8	-	-	14,000	22,000	3,000	3,000	2	8	15	31,000	7
Djibouti	48,000	11	6,000	12	22,000	32,000	6,000	5,000	4	12	18	51,000	11
Eritrea	280,000	11	36,000	13	120,000	190,000	34,000	29,000	4	12	23	290,000	10
Ethiopia	4,800,000	11	-	-	2,300,000	3,200,000	660,000	510,000	4	12	20	5,100,000	11
Kenya	2,300,000	13	1,100,000	46	1,400,000	1,300,000	410,000	270,000	5	15	21	2,500,000	13
Madagascar	900,000	9	13,000	1	370,000	590,000	65,000	95,000	4	10	17	940,000	9
Rwanda	820,000	16	210,000	26	490,000	620,000	290,000	72,000	6	17	33	810,000	14
Somalia	630,000	13	23,000	4	310,000	440,000	110,000	66,000	5	15	27	680,000	12
Tanzania, United Republic of	2,400,000	12	1,100,000	44	1,300,000	1,500,000	410,000	270,000	5	14	21	2,500,000	12
Uganda	2,300,000	14	1,000,000	45	1,300,000	1,500,000	540,000	230,000	5	16	25	2,500,000	13
Southern Africa													
Angola	1,200,000	14	160,000	13	590,000	820,000	230,000	130,000	6	16	24	1,300,000	14
Botswana	150,000	19	120,000	76	110,000	100,000	56,000	17,000	8	22	27	170,000	20
Lesotho	150,000	17	97,000	64	100,000	95,000	47,000	20,000	8	20	25	170,000	20
Malawi	950,000	15	550,000	57	540,000	650,000	240,000	120,000	6	17	24	1,100,000	15
Mauritius	23,000	6	-	-	5,000	19,000	900	3,000	2	6	11	23,000	6
Mozambique	1,500,000	15	510,000	34	860,000	980,000	310,000	210,000	7	16	24	1,900,000	17
Namibia	140,000	14	85,000	62	86,000	83,000	31,000	20,000	6	15	19	170,000	16
South Africa	2,500,000	13	1,200,000	49	1,300,000	1,600,000	450,000	370,000	6	14	19	3,200,000	17
Swaziland	95,000	17	63,000	66	67,000	56,000	28,000	15,000	9	20	24	120,000	22
Zambia	1,200,000	20	710,000	57	860,000	800,000	420,000	130,000	9	23	30	1,300,000	20
Zimbabwe	1,400,000	21	1,100,000	77	1,100,000	920,000	700,000	130,000	9	24	30	1,300,000	20
Sub-Saharan Africa	48,300,000	12	12,000,000	25	25,500,000	31,900,000	9,100,000	5,500,000	5	14	21	53,100,000	12

Source: UNAIDS and UNICEF 2006.

Note: Numbers may not add up due to rounding.

^aChildren are defined as maternal or paternal orphans regardless of the survival status of the other parent. Thus the estimates of maternal and paternal orphans include double orphans. The total number of orphans = maternal orphans + paternal orphans - double orphans.

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