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Africa's orphan crisis: Two community-based models of care

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Abstract
The AIDS epidemic has created a crisis for children, severely threatening the health and development of children whose parents are ill, have died and whose communities have lost a large percentage of their adults. Even when extended family can serve as guardians, their need to work in the context of widespread poverty decreases the amount of time they are able to spend with children. Other children live in child-headed households or with seniors unable to provide adequate care. Relative to the size of the need there are few interventions that provide support to orphans in sub-Saharan Africa. We report on two different models of community-based care that have emerged to fill this caregiving gap, and highlight the relative advantages of each. These programmes, one centralized and the other decentralized, are an effective means of caring for orphans and could be scaled up in other communities to meet the magnitude of the crisis.

The orphan crisis

The HIV/AIDS epidemic has created 12 million orphans in sub-Saharan Africa. While orphans have largely been absorbed by extended family, many households are struggling to meet the needs of orphans under their care (Deininger et al., 2003; Mutangadura, 2003). The loss of parents has far reaching and lasting consequences: orphans are more likely to face malnutrition (UNICEF, 2003), have poor physical (Kamali et al., 1996) and mental health (Foster et al., 1997; Foster & Williamson, 2000; Makame et al., 2002), experience educational disadvantages (UNICEF, 2000), be exploited for child labour (UNICEF, 2003; UNICEF, 2004) and suffer from stigma and social exclusion (Gilborn, 2002; UNICEF, 2004).

Orphans' needs are often unmet as a result of a caregiving gap that currently exists in many communities. Many orphans live on their own, or are cared for in child-headed households or by grandparents, who, because of their own health limitations, are unable to provide adequate care and support. For orphans living with a working-age adult, poverty often forces guardians to choose between staying home to care for the health and developmental needs of the orphaned children, and remaining in the workforce to ensure the economic survival of the family (Gbadebo et al., 2003). In households caring for orphans, the dilemmas are exacerbated by the fact that the demands of a larger household increase economic need, while the increased care-giving needs reduce its income-generating capacity over the long term (Deininger et al., 2003). Further, orphans may require more care than other children because they are more likely to come from a recently deprived economic background, have experienced trauma, and be HIV positive (Foster, 2002).

Given the scale of the crisis, programmes that support orphans within their communities are better positioned than orphanages or other 24 hour care to meet the emotional, material and physical needs of orphans and their extended families. In addition, because of their lower cost, they can be scaled-up to match the magnitude of the demand. These programmes can simultaneously help families raise healthy children and enable them to economically survive. This study sought to identify existing programmes that support orphans and evaluate how well they are able to meet the needs of this population; insights gained from this approach can inform programme initiatives in other communities devastated by the epidemic.

Methods

We examined the range of community-based models available to care for orphans by conducting in-depth interviews with directors, staff and caregivers at eight orphan care programmes in Botswana and South Africa. Each programme was evaluated on how well

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it was able to meet the most pressing needs of orphans and their caregivers. We identified the specific areas of need by conducting a literature review and drawing on over 1,000 household surveys and 300 in-depth interviews with families caring for orphans in Botswana, one of the countries hardest hit by the AIDS epidemic. The comprehensive literature review was performed using key word searches to capture English language articles on the impact of being orphaned by AIDS in Africa in the following databases: PubMed, Medline, Sociofile, Social Sciences Citation Index, Econolit, and Social Science Research Network. The Family and Health Needs Survey assessed the impact of HIV/AIDS on individuals and families through quantitative surveys and qualitative interviews with caregivers, and teachers, child-care providers, and health-care providers (Miller et al., 2006).

Orphan care programmes

We identified a range of community-based models for delivering support to orphans and their families. Our review of the literature and survey data demonstrated the need to provide six core services to orphans: physical health; mental health; nutrition; educational support; material support; day and after school care programmes. While all the programmes were doing remarkable work in a context of scarce resources and dramatically increasing demand, none was able to meet all the orphans' needs completely. Two models, however, showed particular promise and could be enhanced to provide all core services. From our cases studies of programmes, we highlight two contrasting models – a centralized and a decentralized approach, with the capacity to meet these urgent needs.

Bana ba Keletso Orphan Day Care Centre provides centralized care to over 355 orphans aged 2–18 in the urban village of Molepolole, Botswana. The center began as a community response to the increasing numbers of orphaned children; as they've grown, they have reached out to the Botswana Christian AIDS Intervention Programme for technical support and guidance. They actively reach out to orphaned children in the community, at churches, at HIV/AIDS counseling centers, and at health clinics. Preschool-aged children are cared for in a safe, supervised environment during the workday, thus relieving the caregiving burden for guardians and facilitating their ability to work or care for HIV-infected relatives. Older children come to the center after school to receive meals, to participate in skill-based activities and to receive psychosocial counseling. Bana ba Keletso's family outreach program also delivers counseling and support to the children's guardians during home visits.

Ikamva Labantu is a community-based organization that has taken a decentralized approach to meeting the needs of orphans and vulnerable children (OVCs) and their caregivers in the townships of Cape Town, South Africa. Ikamva has two outreach strategies: it identifies OVCs aged 0–6 through its network of 250 crèches[1] and it identifies OVCs of all ages by word of mouth requests for assistance. To reach the youngest orphans, Ikamva has created a system where vulnerable children in their crèches are referred to appropriate Ikamva staff, and the entire household is evaluated to determine unmet needs. Support is delivered in two ways: indirectly by strengthening the crèches' ability to care for the children's needs, and directly by supporting OVCs in their home environment through material support, nutritional assistance, visits by a social worker, and family assistance in accessing government childcare grants.

Ikamva also supports families providing foster care to 200 OVCs of all ages, school-aged children in particular. They receive the same family-based support provided to OVCs identified through the crèches, plus assistance in accessing school fee waivers and provision of school uniforms when needed. Ikamva strives to ensure that both crèches and families become self-sustaining, and consequently emphasizes capacity building in all of their programmes, while facilitating the process of accessing government grants. This allows families to increase their resources and their ability to support themselves in the long term.

An overview of the services provided by each organization is given in Table I. The areas of need follow what is highlighted in our survey research and in the literature as important for the healthy development of children.

Implications and feasibility

Bana ba Kaletso and Ikamva have taken different approaches to the delivery of orphan care; each approach confers distinct advantages. Bana ba Kaletso's direct, centralized approach and sole focus on orphans allows for comprehensive outreach, ensures that orphans directly benefit from resources, and facilitates good quality control. However, many of the characteristics that enable a centralized programme to deliver high-quality care also make it more labour-intensive to scale-up.

Ikamva Labantu's decentralized, home-based approach allows orphans to remain more integrated in their community because they continue to attend crèches with non-orphans. By delivering services through existing structures, they are able to reduce costs, serve a greater number of children, and scale-up more quickly. However, reliance on existing

Table I. Services provided.

Area of need	Services meeting this need at Bana ba Kaletso	Services meeting this need at Ikamva Labantu
Supervised Day Care	Preschool and after school day care is provided with structured activities (e.g., music, drama, sports, story time, handicrafts), appropriate for each age group. This is delivered by a mix of professional staff and trained caregivers from the community.	Provides support to Ithemba Labantwana, a network of 250 crèches that provide care to 15,000 children (0–6), including OVCs. Provides teacher training, building maintenance and upgrade of crèches. Caretakers at crèches include professionally trained teachers, and lay caregivers/volunteers from the community.
Nutrition	While at the center, preschool and school-aged children recerve nutritious meals and snacks.	Provides temporary food baskets to foster mothers and nutritional support to day cares in crisis; provides nutritional education and planting of food gardens for crèches and foster mothers.
Material Support	Donated clothing, vegetables, fruits and other food stuffs are given out as needed, staff work with the government orphan care program to ensure children receive school fees, food, clothing and other subsidies available for orphans.	Assists foster mothers in purchase of school uniforms and supplies if needed; redirects material donations to crèches and families most in need; foster mothers, families of vulnerable children, and crèche staff are educated and assisted in accessing government grants.
Educational Support	Deliver educational lessons for younger children and help older children with homework.	Payment of school fees for some fostered children if needed in the short term. Assistance in accessing school fee waivers.
Physical Health Services	Facilitates access to HIV testing and treatment, coordinates medical visits and provides transportation subsidies.	Crèche staff and foster mothers receive education in HIV/AIDS, first aid, identification of mental and physical disabilities. Staff paediatrician examines children regularly; provides referrals for additional care; facilitates immunization.
Mental Health Services	Staff are trained in provision of psychosocial support. They also provide grief and bereavement counseling to all children and their families.	Crèches and foster families receive regular visits by Ikamva's social worker; staff at 15 crèches have been trained in touch therapy.

Table II. Advantages and disadvantages of each model.

Implications for:	Centralized models	Decentralized models
Target	More resources are directed at target population, in this case orphans.	Serves both orphans and vulnerable children. Lack of targeting decreases fraction of resources going to orphans but also decreases stigma.
Coverage	Centralized approach facilitates comprehensive outreach to capture all orphans in the community; however, cost can limit total number served.	Home-based, decentralized approach casts a wider net; but relying on day care staff to identify vulnerability allows some children to fall through the cracks.
Quality Control	Easier to train and supervise staff to ensure quality care as there is a direct line of responsibility and authority; delivery of services at centre ensures that orphans directly benefit from services.	More difficult to train and supervise staff across such a vast area and ensure quality of care.
Cost	Centre-based approach typically more expensive to initiate but part of expense is due to higher quality facilities and training of staff.	Less expensive to use existing households and crèches, but less control over health and safety.
Stigma	Due to attending a special programme, orphans may experience stigma. At the same time, services may be focused to address the particular needs of AIDS orphans.	By delivering services through existing structures and home-visits, orphans may remain more integrated in the community.
Start-up	Can begin on a small, manageable scale with only a few children, services and staff; can be implemented in regions without existing services for orphans.	Relies on existing organizations (such as crèches), an established relationship with the community, and requires greater coordination initially.
Scale-up	There is less capacity for expansion: once a centre reaches capacity a new centre must be opened. The greater supervision and staff time make it more expensive and harder to replicate, but resulting programmes may deliver higher quality.	Capacity building at the community level allows the organization to reach many more children and scale-up quickly. However, it is more difficult to control quality during scale-up process.

structures also means that they have less control over the quality of services and who ultimately benefits. The advantages and disadvantages of both approaches are further highlighted in Table II.

The two programmatic models described in this article are best seen as poles in a continuum of care. The age-specific needs of the targeted children, the preexisting resources available in their community, the degree of urbanization and other community characteristics will dictate not only which components of each model are best suited to the local context but also the feasibility of scaling up those components.

Finally, while there is a clear and compelling need to channel more resources to AIDS orphans, many other children are also rendered vulnerable when AIDS affects their families, such as children living with chronically ill parents. Importantly, both of the programmatic models presented meet the needs of orphans in a way that could be expanded to enhance support for other children affected by AIDS.

Next steps

Despite recognition of the critical nature of the orphan crisis, there are far too few programmes dedicated to improving the well-being of orphans and the families who care for them. Bana ba Kaletso and Ikamva Labantu each provide an important model for supporting orphans and their families. They have grown rapidly and demand for their services is rising as the epidemic claims more lives. Expanding services to meet this need will require substantial and sustainable financial resources, a key challenge for both programmes.

While we await crucial empirical studies of the most effective supports for children orphaned by AIDS and their families, case studies can provide invaluable information on strong community-based approaches to support orphans immediately during the crisis. This article provides strong examples of how we might begin to model orphan programmes in other communities. Both centre-based and decentralized methods of service delivery have real strengths; the best model for a particular community will depend on their specific needs, resources and social structure.

This report is part of an on-going series of case studies reviewing orphan care programmes in South Africa and Botswana. For complete case studies of Bana ba Kaletso, Ikamva Labantu and other programmes supporting orphans in sub-Saharan Africa, please visit www.mcgill.ca/ihsp.

Note

1 'Crèche' is the term used in South Africa for a daycare centre. Those affiliated with Ikamva Labantu range from small, free standing rooms to large, formal centres.

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