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Promoting Child Protection through Community Resources: Care Arrangements for Ethiopian AIDS Orphans

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ABSTRACT

One of the key development challenges posed by AIDS in Ethiopia is providing care for the vastly increased number of orphans resulting from the pandemic. The organizational initiatives and policy responses will have an impact on a wide range of developmental indicators, as well as on the formative experiences of millions of Ethiopian children in the years to come. This paper explores the strategies and basic assumptions of community based care—which has become the orthodox approach to orphan care in Africa. Two limitations of this approach are discussed. First, it is often based on an outdated understanding and assessment of the capabilities of traditional institutions to care for children. Second, it provides inadequate protection and condones a variety of arrangements that are inconsistent with the needs and interests of orphan children. A set of practices and normative principles is then reviewed by which innovation in orphan care may be promoted that is consistent with child protection functions as well as the utilization of available community resources.

1. Introduction

The development challenges posed by AIDS orphans in Ethiopia are considerable. The macro-sociological problems have been identified in general terms, including the security threat posed by vast numbers of parentless youth, the drain on health care expenditures, manpower/labor force participation consequences, and so forth. Many of the micro-sociological problems have been identified as well, including the grief experienced by orphans, the stigma and discrimination they face, and the abuse and exploitation they often experience. But the human resource development issues raised by millions of young adults not benefiting from primary socialization by parents have hardly been recognized. Nor have policies and strategies for responding to the orphan challenge been formulated in many countries.

This paper will focus on a fairly narrow developmental challenge raised by AIDS orphans in Ethiopia, but one that is extremely critical: the arrangements by which care for orphans is provided. The future demographic structure of the nation, the health, education and social services infrastructure, as well as the human resource pool are at stake, not to mention the formative experiences of millions of children.

2. The Social Context of AIDS Orphans

AIDS orphans in Africa are unique in a number of respects. One observer has characterized HIV/AIDS as a social as well as biological virus, destroying the protective

functions of parents and the family, and the intimacy that environment provides. Before they become orphans, these children often see one parent die, experiencing the grief and hardship that such an event entails. This is compounded by the fact that their other parent often leaves or dies, due to the transferability of HIV, resulting in an additional period of grieving, as well as additional hardship due to stigma or custom. After becoming orphans, they are likely to suffer a different kind of stigma, and face circumstances different from “classical orphans.” Finally, while a minority is infected with HIV, they incur increased risks for infection as a result of heightened vulnerability due to their orphan status.

Projecting the long-term social impact is complicated by the magnitude of the AIDS orphan crisis in Africa—where some 90% of the world’s AIDS orphans reside. Current estimates for 10 Eastern and Central African countries are nearly 6 million. Ethiopia has one of the largest orphan populations in Africa and the world, and the structure of its orphan population is consistent with most countries, where orphans from other causes continue to exceed the number of AIDS orphans. Estimates of the numbers of AIDS orphans in Ethiopia vary. Probably the most informed recent estimate places the number of maternal AIDS orphans at 620,000 (Williamson, 2000:6). This is consistent with Committee on the Rights of the Child estimates, which placed the number at 620,000, projecting 1.8 million by 2009 (CRC, 2000:54). At the time of the First International Conference on AIDS in Ethiopia in November, 1999, it was estimated that there were 700,000 AIDS orphans, projected to increase to 1.5 million by 2004. UNAIDS and the World Health Organization estimated that there were 903,372 AIDS orphans in Ethiopia at the end of 1999 (WHO, 2000).

Despite the staggering numbers of orphans in Africa and Ethiopia, few studies of their social context have been conducted. The major focus has been on the “security” threat posed by these children, and community responses to their presence. The long-term impact of 1 million or more orphans in Ethiopia, on family structure and socialization, educational attainment and literacy, security and labor force participation, will be substantial.

There is a great deal of variation in the cultural systems, legal institutions and government policies relating to orphans among affected countries. Government-operated child protection systems are virtually non-existent in most African countries, and there are few forums in which children’s rights are recognized. The national and/or regional government typically has at least an AIDS prevention and control agency. The GOE had early delegated most of the responsibility for AIDS to regional governments. Its policy on HIV/AIDS issued in 1998 defined the role of the Ministry of Health. One specific objective of the policy was "To promote proper institutional, home and community based health care and psychosocial support for people living with HIV/AIDS, orphans and surviving dependents." (2.4). With respect to orphans, "Efforts for the provision of care and support shall be made for children orphaned when one or both parents dies of HIV/AIDS. In the event before death, such parents shall get proper counseling to ensure clear arrangements of suitable options to be made among extended family or community support for their children." (6.8).

Ethiopia has a distinctive cultural situation, as well as a legal tradition unlike most other African countries. But throughout most of Africa, responsibilities for the protection and care of orphan children have fallen largely upon private organizations (although there

may be government operated orphanages and oversight). The key question that arises for these organizations is: what kinds of arrangements should be made for the care of AIDS orphans? There is a troubling consensus that the "community-based care" approach (referred to as "CBC") is the only option or at least the preferred one, without alternatives being considered, or the assumptions and limitations of this approach being acknowledged. After reviewing the role of CBC in orphan care in Ethiopia, and summarizing the principles and presumptions of CBC, I will highlight a number of criticisms of this approach, and make some suggestions for developing alternative strategies. While many of the experiences drawn upon are from eastern and central Africa, the issues in Ethiopia are comparable.

3. Community-Based Care Arrangements for AIDS Orphans

In resource rich environments, providing care for AIDS orphans would appear to be a simple matter of identifying orphans and their needs, matching them with proper services, and then providing the service. Two general outlooks on care for AIDS orphans exist. One is focused on collective approaches that disperse responsibility farther away from parental figures (including CBC and institutional care); the other moves toward more individualized arrangements that attach greater responsibility to parental figures (adoption and fostering). The latter approach has come to be favored throughout the world for orphans generally (and there is a heavy burden to show it should not be followed in Africa as well). This approach would appear to be more consistent with both the interests of orphans and traditional parenting arrangements in Africa.

However, in resource poor African environments, decisions regarding optimal care arrangements have been displaced by a host of other interests and considerations. The interests of AIDS orphans in Africa have not been explicitly assessed. The wide range of other interests involved will become clearer in the course of reviewing the "community-based care" orthodoxy that has come to prevail among most of international aid organizations, government agencies, and local organizations. After summarizing some assumptions and implications of this approach, other approaches and options will be described.

Community-Based Care for Orphans in Ethiopia

In Ethiopia, the movement toward CBC of orphans has emerged from two quite different contexts, with different though converging rationales. First, CBC has been identified as an alternative to institutional care for orphans. The movement toward deinstitutionalization and CBC is clearly revealed in the case of the Jerusalem Association Children's Homes (JCAH). Partly because of costs, and partly because orphans in its care had had a difficult time adjusting to life outside the institution, this organization shifted to a community-based approach that included parent and family reunification, fostering, and support of independent living (Gebru and Atnafou, 2000). It is important to note that the children involved were typically not AIDS orphans.

A second context for the emergence of CBC in Ethiopia is the growth in the number of AIDS orphans. This is clearly evident in the responses of many organizations serving orphans in Bahir Dahr, which recognized they "could not provide the love and affection that a family provides to a child." They resolved that the "community" should be supported in caring for orphans, even while recognizing that the "fraying of family safety nets is driving orphans to assume the role of head of household at a very young age" (Segu and Sergut, 2000). A range of organizations are providing support to CBC in

Ethiopia. According to a recent PACT survey, 10 formal organizations in Ethiopia are specifically providing financial and material support of orphans.

What Is Community-Based Care and Why is it so Appealing?

The paradigmatic community-based care program for AIDS orphans may involve a variety of different models, but typically relies upon relatively informal arrangements for care. In addition to identifying and assessing orphans, support and assistance provided typically includes health and education services, food, clothing and shelter. More recent innovations include elements of fostering and surrogate parentage. It focuses on supposed “needs” such as “belonging to a community,” self-reliance, and voluntary relationships. CBC has been touted as the “best and most cost effective” approach to AIDS orphans in Africa.

The primary advantages of CBC are strictly pragmatic: it is low cost, can be spread broadly, and can achieve “buy in” by community leaders (who often also benefit from such programs). While these are important considerations, they are partly based on mistaken assumptions, and they are certainly not the only considerations that should be taken into account.

Criticisms of Community-Based Care

CBC is a “pragmatic” approach, and has attracted substantial external resources for AIDS orphans. Assertions that it is the “best and most cost effective” approach confound two evaluation criteria: there is no reason to believe that a single approach will be both. While CBC certainly appears to be the most cost-effective approach that has been taken so far, at least in the short term, the long term effects have not been conceptualized. More importantly, there is certainly no evidence, and very little reason to believe, that it is the best approach, at least from the viewpoint of children and their developmental needs. What is “best” is likely to be culturally dependent, vary by the age, experience and relationships of the child, as well as be different for children as opposed to the adults involved.

The deference to CBC has obscured the parental functions in African families, and inhibited the development of other approaches to orphan care. This deference is usually portrayed as respect for cultural practices, when it is usually the result of insufficient resources. This deferential response is exceptional in Africa. But as in the case of parenting and child development generally, “Africa is not the ‘except for’ case, and programs should not seek to change the values and goals parents have for their children” (Weisner, 2000:143). I would like to highlight a number of shortcomings in this deference to so-called traditional arrangements for orphans from a child welfare viewpoint, and raise some arguments for their displacement by more formal arrangements that take the needs of orphans into account.

1. *Community-based care relies on a poor assessment of the premises of traditional arrangements.*

“Traditional” approaches to orphan care have long been relied upon and deferred to in child welfare programs. This is evident in the Ethiopian government’s specifications for “extended family or community support” of AIDS orphans. The usual justification for these specifications is that the “extended family,” kinship ties, or clan relations can

provide distinct and adequate arrangements for children whose parents have died or abandoned them. This supposition is a very strong one, and has been widely accepted.

Such traditional arrangements are deferred to despite little knowledge of how they operate. Few, if any, empirical studies of how they work have been conducted, especially specifically relating to parenting functions. More important, AIDS is a modern problem, and it is naive to assume that traditional approaches are competent to resolve them.

The role of parents in the African family is underestimated. First, this “understanding” of traditional arrangements, that extended families and communities have responsibility for caring for children diminishes the traditional importance of parents in African child-rearing. The parental role (especially of mothers) has traditionally been vital in the African family. The summary report of an unusual and important UNICEF-sponsored workshop on “Child Rearing Practices and Beliefs in Africa” concluded that:

the mother remains the primary person responsible for the safety, care and feeding of the child, [but] it is during toddlerhood that the child moves out from the mother. Over time, others in the family and community play an increasingly important role in the care of the child, particularly in terms of socializing and teaching the child through direct instruction and modelling. [Even so,] *parents adopt a set of practices, based on beliefs and values, from those made available through their culture* (Evans, 1994:3)(emphasis added).

At most, many African child-rearing practices involve "socially distributed parenting" (Weisner, 2000:149), but parents occupy a critical pivot point in child-rearing.

One of the most detailed studies of AIDS orphans (in a Luo community in western Kenyan districts with high levels of HIV prevalence and mortality) clearly states what it is that orphans have lost:

Death of a father deprives children of male authority, a status symbol in many communities. But the subsequent death of a mother further deprives the children of crucial emotional and mental security as well. (Ayieko, 1997:9).

No necessary relationship has been identified between the "care" that the nebulous “community” takes on in a derivative child-rearing role and the provision of substitute parenting for orphans; there is little evidence that the obligations of, or care provided by, the community extend to parental-type support. By overemphasizing the role of the community, the roles of parents are diminished, which also obscures what orphans have lost, and what communities are expected to replace.

The changing role of communities is overlooked and their capacity is overestimated. Second, the role of communities has been changing dramatically over time. Goody (1969) noted long ago that extended family support may not be relevant in urban settings in Africa. Individualism, urbanization, migration to cities, and modernity itself has changed the role of communities and traditional arrangements. While CBC has a goal of keeping children in their communities, they often migrate to cities.

The impact of the AIDS orphans crisis appears to be well beyond the resources of a great many communities. There is a vast amount of evidence that extended family and

community supports are not adequate to meet the needs of AIDS orphans or to protect them from exploitation, much less perform a role in actual parenting. The reliance on grandmothers, poor relatives, and the overstretching of traditional and community resources frequently leads to "burn out," with the potential to destroy community support for AIDS orphans. The inability of traditional arrangements to cope with the crisis is clearly evident in the entrenchment of non-traditional organizations and institutions.

It could be argued that non-traditional organizations and institutions have in fact already displaced traditional arrangements. The entire infrastructure for supporting CBC is non-traditional, as are a wide range of supportive measures, such as micro-credit, succession planning, and even paying for services. While in some communities, this infrastructure may support relatively autonomous initiatives, in others this infrastructure may be the initiative. The practices that are supported thereby are also at least partially engineered. It is important to keep this in mind when objections to adoption are raised premised on the need to preserve tradition.

2. *Community-based care does not prevent high levels of abuse and exploitation and condones a variety of suspect arrangements*

Because the premises of CBC are not sound, it is not surprising that there are many problems with it. CBC does not typically have accountability measures to assure that adequate care is provided, nor does it have protection practices designed to protect these highly vulnerable children from exploitation and abuse, and, most importantly it does not have a focus on the interests of the children in need of care.

Abuse and exploitation are prevalent. The manner in which African orphans have been "absorbed into the extended family network" (Ankrah, 1994:38) is most likely wide-ranging as in other regions (from near "adoption" to extremely exploitative). AIDS orphans have "increased vulnerability to exploitation, abuse, neglect or discrimination... many orphans face the danger of losing inherited properties at the hands of callous relatives and friends" (Ayieko, 1997:78). The prevalence of abuse and exploitation is extensive.

Education, broadly perceived to be the best defense against abuse and exploitation of children, is indicative (Eastern and Southern African Regional Workshop on Orphans and Vulnerable Children, 2000). Orphans, even when absorbed into "traditional" arrangements, attend school at much lower rates than non-orphans. The disparity in attendance rates between orphans generally and non-orphans in a sample of African countries ranges from 10% (Uganda) to 21% (Kenya) (UNICEF, 2000). It is encouraging that the recently promulgated "Principles to Guide Programming for Orphans and Other Vulnerable Children" has highlighted the need to "identify and mitigate exploitation and abuse" in CBC.

Suspect arrangements promote interests other than children's. A variety of arrangements have been supported by CBC which are not consistent with the short or long term interests of the children involved. The placement of children on commercial farms and the support of child-headed households, for example, do not redress the failure of socialization function. Support to child-headed households is sometimes euphemistically termed "empowering children to care for themselves," but often is little more than the blind leading the blind.

Community development schemes, including micro-credit projects, have recently been implemented, calculated to improve the ability of families to care for orphans. Community development is important, but there is no mechanism to ensure that the benefits from these schemes are transferred to the orphans whose welfare concerns attracted them.

4. Promoting Innovative Care Arrangements

With this background, it is apparent that the "traditional arrangements" that CBC relies upon (extended family and community support) are neither clearly understood nor adequate to the challenge posed by AIDS orphans. Current discussions are focused on how to "scale up" CBC projects, as though the solution to orphan problems is at hand. This focus is a potentially damaging one, particularly when evaluating the range of care options for AIDS orphans and supporting suspect arrangements. I would argue that a more important question is: "How can innovation be encouraged to improve the quality of care, increase the options, and combine community resources in more creative and effective ways?"

Innovation in the care of orphans can occur in at least two ways. One is the hit and miss approach, which CBC programs typically adopt: the program's operations are set and new elements are added when sufficient deficiencies are noted. For example, CBC had not specifically addressed the parental losses experienced by orphans, but some programs have lately begun to include elements of psychosocial support, as well as succession planning and writing wills for women. The other approach begins with normative concerns, and attempts to find ways to meet these needs. In this vein, I would like to propose a fairly simple strategy for encouraging innovation in orphan care. It begins with a simple proposition: care for orphans should be oriented toward providing what orphans have lost: parents. A variety of arrangements can approximate the parental needs of orphans, depending upon their age and experience. But the mechanism by which this can be most closely approximated is adoption.

Alternative Care Arrangements

1. The Adoption Option

In contrast to traditional, “unplanned” arrangements, the modern planned arrangement of adoption is currently an option only for the few in Africa. But recognition of adoption as an option and as a normative possibility is extremely important from the point of view of developing services. Adoption represents replacement of parents by alternate parents rather than a set of services. Adoption, appropriately conceived and arranged, is the single most promising alternative to orphanhood. Adoptive parents taking over the parental roles of absent biological parents is the best solution, and also gives natural parents a potential role in arranging for substitute parents (as part of "estate planning"). As the best option for orphans, adoption also raises the standard for other orphan care options.

Adoption Traditions and Objections to Adoption. For this option to become a realistic one, connections with traditional practices must be made and objections must be overcome. There are many prerequisites for adoption, including conceptual, linguistic, institutional, and legal prerequisites. Promoting adoption as a total incorporation of a non-related child into a family is a contrived relationship, which requires social engineering of the same order as CBC's community development initiatives. Most cultural systems have traditions that include some form of "adoption." In Ethiopia, the Oromo and Amhara developed customary practices for adoption, some of which were incorporated into the Civil Code's provisions for adoption in 1960 (Beckstrom, 1972). Ethiopia continues to operate an adoption system that permits foreigners to adopt. In 1992-93, intercountry adoptions exceeded in-country adoptions by 308-3, because in-country adoption is not typically achieved through the courts but by agreement between the families (CRC, 1995).

A recent article in the Harvard AIDS Review asserted that “In Africa, there is huge cultural resistance to adoption.” Further, it stated that adoption is a “hot button issue” for many people, noting that “fears of abuse and mistreatment of orphaned children plague discussions of adoption” (Menting, 2000). Why these fears regarding possible mistreatment should be greater than repulsion over actual mistreatment in the case of CBC is not clear.

It is important to distinguish "cultural resistance" from other obstacles to adoption (e.g., attitudes, unfamiliarity, and problems that are anticipated but not experienced). Even in the areas of actual "resistance," it would be hard to argue that cultural innovation is not a necessary response to AIDS, and there is no reason to exempt "cultural resistance" to adoption. One example is a "culturally defined barrier to adoption" among the Shona in Zimbabwe, who believe that ancestral spirits oppose the presence of non-related children in a home. Despite the fact that this barrier could be surmounted and fostering made acceptable "within the traditional system" (Humuliza, 2000:Appendix), the value of this basis of resistance is unclear.

Certainly less significant than "resistance," in Tanzania, it had been concluded formal adoption practices were unnecessary because “comparable systems of adoption” under traditional laws existed and were adequate. However, adoption was not widely viewed as a “solution to childlessness” and it was only in “unusual circumstances” that adoption has been used to provide for “orphans and foundlings.” (Rwezaura and Wanitzek, 1988: 125,137,153). This is similar to the situation in Ethiopia in the 1960s, when Ethiopians were reluctant to adopt foundlings because adoption was not seen as a way to overcome childlessness or as a charitable act (Beckstrom, 1972). The underlying

fear that a woman who adopts is "barren" is related to the South African need for secrecy because of the stigma attached to infertility. In South Africa, it has been argued that the adoption system must combine and complement the differences between traditional arrangements and modern adoption (Brink, 2000).

Other Alternative Care Arrangements

Adoption should become a hot button priority for AIDS orphans. Recognizing a need to integrate modern and traditional practices for responding effectively to the AIDS orphans crisis is important. CBC must learn from and consider in appropriate circumstances alternative care arrangements, including foster care and institutional care.

Fostering. To the extent that traditional arrangements are viable, they resemble in theory the care-giving arrangements of fostering – but they need the formality that protect children from abuse and neglect. It is encouraging that fostering and surrogate parenting have been incorporated into some models of CBC in South Africa, Rwanda, and elsewhere. JACH found “foster parents, a new concept in Ethiopia,” who were willing to accept the children.

Institutionalization Care. Institutional care is targeted as the modern approach to be most disparaged, often because of the poor care they provide, but more frequently, one suspects, because of the high cost. According to the 2000 CRC Report, institutional care was “still” provided by 49 NGOs in Ethiopia, in addition to those of the Ministry of Labor and Social Affairs). “Still” providing institutional care indicates the strong presumption against institutional care. But there are forms of institutional care that are valuable for some children of some ages and in some circumstances. These arrangements should be evaluated on the basis of the care they are providing, and not receive blanket condemnation.

5. Summary and Conclusions:

Normative Concepts and Organizational Performance

Given the vast numbers of AIDS orphans, some form of "community based care" would appear to be the only realistic approach. Organizations in Africa are no better suited to provide direct services to orphans than elsewhere.

Organizations should be encouraged to use normative concepts to design their service packages and evaluate their efforts. They should identify arrangements that provide to orphans dignity, life chances, emotional and physical well-being, and freedom from exploitation. CBC must develop a set of normative concepts to promote more effective and child-centered strategies.

Concretely, the goals for care arrangements should include the following. Arrangements should focus on, and replace, what children have lost: the love, support and protection of parents. Orphan care should be sensitive to the needs of children of different age, experiences and needs. Care arrangements should ensure that children are not put into a position of being abused and/or exploited under the guise of providing care. Support should prepare children for a wide range of future roles, not just economically productive ones. Arrangement should give children the option of choosing to be adopted, and efforts should be made to provide that option.

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