

HIV/AIDS and the Emerging Challenge of Children Heading Households



Discussion Paper

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1. Introduction

“There is absolutely no historical precedent ever for what is happening....Country after country in east and southern Africa has more than a million orphans and they simply cannot cope...The grandmothers bury their own children first and then they have to look after their grandchildren. And when grandmothers die, given the fragmentation of the extended family, there is no one coming up behind. So you have the phenomenon of child-headed households.”

~Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa Speech given on the occasion of the International Policy Conference on the African Child and the Family organized by The African Child Policy Forum
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There is a famous African adage that says, “It takes a village to raise a child.” The saying is what encapsulates the wisdom embedded in African societies with regard to raising children. African communities are known throughout the world for their strong neighbourhood relationships and for embracing all children as communal responsibilities. But this safety net is now being stretched to its limits as armed conflicts, family disintegration and most importantly the HIV/AIDS pandemic ravage the continent. The immediate consequence of this is the unfolding of an unprecedented and new phenomenon where siblings bear the awesome responsibility of providing the material and psychological needs of children of their own age. Orphans who witnessed their parents’ demise are currently facing up to the formidable challenge of continuing the relay of family sustenance. Children who are taken by surprise by the urgent call of survival to carry on from where adults have left off are struggling to cope with life with their delicate endurance stretched to the very edge. Little children are now caring for entire households spending sleepless nights in an attempt to make ends meet and ensure family continuity in a world that is littered with uncertainties. This phenomenon, known by the term child-headed households, has baffled policy makers and social scientists and has posed a huge challenge to existing modalities of social protection. The scope, brutality and threat of the phenomenon are staggering.

1.1 Orphans, Child-Headed Households and Vulnerable Children: Concepts

UNICEF (2003) defines a maternal orphan as a child under 18 years old whose mother has died; a paternal orphan as a child under 18 years old whose father has died; and a double orphan as a child under 18 years old who has lost both parents. Usually - and traditionally - orphans are fostered and live with adult caregivers through their extended family, unrelated households or institutional care systems, such as orphanages.

On the other hand, different definitions are given to the term child headed household. Some define the term as representing a household where everyone who lives there is younger than 18 years old, i.e. a child-headed household is a household consisting only of children (Children’s Institute, 2006). Another definition considers a child headed household “as a household where the children are double orphans and is headed by a child that is recognized as being: Independent; responsible for providing leadership and making major decisions in the running of the household; responsible, along with other children, for feeding and maintaining the household; and caring for younger siblings and adopting de facto adult / parent roles” (Plan, 2005:2). These definitions are too narrow

to appreciate the little or no *de facto* role incapacitated adults who are *de jure* household members play in assisting these children. They also fail to explicitly appreciate the effect of the presence in a household of an incapacitated adult on household dynamics as well as the burden of support s/he imposes on a child household head or the protective role s/he plays.

A more practical definition, one to be used in this paper, considers a child headed household as a household run by a person under 18 years-old:

- Who is taking care of the household with other younger siblings, because they have lost both parents to HIV/AIDS or other causes; or
- Who is providing the household income and taking care of the household with other younger siblings, and in which the parents or primary caregivers are chronically ill with HIV/AIDS or with other causes;
- Who is living alone and taking care of him/herself as no other siblings are present in the household and as either one of his or her maternal or paternal parents are deceased, or where the parents cannot be found or are unknown. This third category of children includes street children and child soldiers as indicated by some studies. Among street children, the latter applies specifically to children *of* the street –as opposed to children *on* the street- who do not receive any protection from any existing families and do not have family home to go back to, despite some sporadic contacts with relatives.

The children of child headed households are, therefore, not necessarily orphans since their ailing parents may live with them but need to be taken care of. Other adults may include old grandparents, or disabled uncles/aunts, or even some other adult relatives but who are not responsible for the household. These households with dependant adults are called ***accompanied child-headed households***, as opposed to ***unaccompanied child-headed households*** where no adults more than 18 years-old are found (Foster et al, 1997). The difference is of importance as the presence of parents can be a strong safeguard against external harms. Even when sick, adults may continue to provide protection and guidance for the children and no other adults would dare harming the children when parents or other adults remain under the roof. As soon as they pass away, children are at the mercy of any possible abuse and exploitation and are deprived of any protection.

These apparently blurred nuances in definitions are not of mere academic interest. They may have far-reaching ramifications on access to socioeconomic and legal rights, services and benefits.

Children living in child headed households are recognised as vulnerable children, since they are either orphans or highly likely to be orphaned. Definitions of a vulnerable child range from a child who is at increased risk to becoming an orphan, is living in poverty, is abused, neglected, abandoned, displaced or destitute; who is dressed in ragged clothes and looks unhappy or whose parents are considered to be particularly poor, (FHI, 2003) and a child who shows symptoms of malnutrition or stunting (Mudenda et al, 1999); to a child who is dependent on people living with HIV/AIDS, HIV-infected and/or at high risk of infection such as street children, unaccompanied children, internally displaced people, refugees, and sex workers, (Save the Children Alliance, 2001) as well as children with insufficient family support...[and children who are] faced with a lack of steady and consistent affection, protection and support of their families (Save the Children Alliance,

2001). Another definition that taps on the programmatic perspective reads, 'Orphans and vulnerable children are the children who, in a given local setting, are most likely to fall through the cracks of regular programs, policies and traditional safety nets and therefore need to be given special attention when programs and policy are designed and implemented.'¹ Seen from the vantage point of these definitions, child-headed households are not only materially and emotionally deprived, but may also be left out of policies and programmes as they are not explicitly recognized by the known legal norms and conventions.

In existing literature, the term 'child headed household' usually is used in relation to children orphaned due to AIDS or children living with parents affected by HIV or AIDS. Whether infected or not, children who have been affected by HIV/AIDS are not only vulnerable but are also potentially susceptible to the pandemic be it through rape, coercion, or finding oneself compelled to resort to sex work to survive (Yamba, 2003).

Children in child headed households are likely to grow up deprived of emotional and material needs, and the structures which give meaning to social and cultural life, while also being at risk of neglect, violence, sexual assault and other abuses. Many have to fight to retain their access to land as neighbours and opportunists seek to take advantage of the situation. They live with both fears and hopes about their future as they are grappling with awesome responsibilities which are way beyond their experience or capacity. What compounds their pessimism is the fact that they face life's dreadful realities without possessing the required skills and experiences. In the midst of all these stormy circumstances, children in child headed households are likely to live in an extreme state of vulnerability.

1.2 Establishment of Child Headed Households: Causes and process

HIV/AIDS, armed conflicts and poverty-driven family disintegration have been assessed as the three major causes for orphanhood and for the emergence of child-headed households. Yet, HIV/AIDS remains to be the most elusive culprit of the three.

The State of the World's Children, 2006, ranks HIV/AIDS as one of the three greatest threats to childhood today. The growth in the number of orphans in sub-Saharan Africa over the years mainly due to HIV/AIDS is staggering.

At the end of 2001, 11 million in this age group in sub-Saharan Africa were orphans because of HIV/AIDS, nearly 80 per cent of the world total (UNICEF, 2003). By 2010, the number is expected to have grown to 20 million. At that point, anywhere from 15 percent to over 25 percent of the children in a dozen sub-Saharan African countries will be orphans-the vast majority will have been

¹ A matter of belonging: How faith-based organizations can strengthen families and communities to support orphans and vulnerable Children. Available at <http://www.crin.org/docs/A%20Matter%20of%20Belonging.pdf>. Accessed 17 March, 2007

orphaned by HIV/AIDS (UNICEF, 2003). Sub-Saharan Africa is home to 80 per cent of all the children in the developing world who have lost a parent to HIV/AIDS (UNICEF, 2006a).

Millions more have been made vulnerable as the virus exacerbates other challenges to the health and development of families, communities, provinces and, in the worst affected countries, whole nations. In South Africa, for instance, the estimated number of child-headed households represents 7% of orphans but doubles to 14% of AIDS orphans*. In Rwanda, the 4% of estimated child-headed households make up 8% of orphans but 41% of AIDS orphans*.

Children living with or affected by HIV/AIDS or in countries with high prevalence rates, face an extremely high risk of exclusion from access to essential services, care and protection, as parents, teachers, health workers and other basic service providers fall sick and eventually die. The epidemic is tearing away at the social, cultural and economic fabric of families, the first line of protection and provision for children that safeguards against their exclusion from essential services and exposure to harm.

In families affected by HIV/AIDS, children start to carry the burden of being head of households even before the death of their parents. The void created by the mother (starting during her prolonged illness) precipitates the eldest child (in most cases) to take over all household chores and the task of income-earning, including sometimes budget distribution for household needs. The child has therefore prepared him/herself to the duty of looking after the siblings and running the house (Foster et al, 1997).

Once death occurs, traditionally, the extended family, spear-headed by aunts and uncles, is at the front line for caring for orphans and when this link has weakened, grand-parents come to the rescue. In nearly every sub-Saharan country, extended families have assumed responsibility for more than 90% of orphaned children (UNICEF, 2003). This is likely to continue to be the case for some time to come. The extended family has historically formed an intricate and resilient system of social security that usually responds to the death of a mother or father. It is very common for families to raise children who are not members of the immediate family (UNICEF, 2003).

Yet, this traditional support system is under severe pressure because of an ever growing number of orphans forcing most of these children to seek alternative formal and informal care systems.

Home-based community care is one of such care systems for orphans in Africa and perhaps the most welcome one, since it offers the stability and the warmth of a family and neighbourhood that children need in the absence of parents. As an alternative, fostering and adoption are developing even though the systems of adoption and fostering by unrelated families need to overcome heavy cultural obstacles and taboos.

Alternative care options differ from country to country. In South Africa, there are community family models where up to six children are placed with a foster mother in a home which is purchased and

* The calculations are based on data given in *Children on the Brink* (UNAIDS, UNICEF and USAID). P.16-17.

furnished by an external organization/individual (Loening-Voysey and Wilson, 2001). Cluster foster homes are typically run by volunteer women or couples who keep up to six children each and receive foster care grants, material and child care support as well as health services and income generation activities. Less common is collective foster care, where religious groups of women or couples collectively agree to act as surrogate mothers for children who remain in their own deceased parents' houses (McKerrow, 1996 cited in Loening-Voysey and Wilson, 2001). Most of these community initiatives are supported by NGOs and local governments.

When the extended family, community-based care systems and NGOs are unable to provide support for orphaned children, then comes the highly debated option of residential care or institutional care.

Correctly managed institutions can provide emergency temporary care particularly to protect orphans at risk of abuse. They can help with behaviour and emotional difficulties. However they are an expensive resource, with an inherent danger of institutionalization, and placements for children should only be used when it is in the child's best interest and subject to the CRC article of periodic review.

Finally, when all the aforementioned options of care are exhausted and failed, the children will have no choice but to establish as a household with the eldest taking the headship. However, there are instances when a younger child takes responsibility, usually when the eldest lacks maturity or is a drug addict (MacLellan, 2005). For children living with sick parents also, there is not much other choice than to accept the situation and deal with it. In such situations, their establishment as a child-headed household may only be transient as families in the community take time to organize coping strategies in response to these children. Or, these households may fall apart when children become integrated into a relation's household, sometimes after a crisis when relatives who were previously equivocal agree to take in the children (Foster et al, 1997). In another scenario, even if orphans stay in households headed by an adolescent or young adult for longer periods, they may also be watched over by members of the extended family in the form of clustered foster care (Foster et al, 1997). This implies that, once they have been established following the failure of alternative care options, they might, with external support, sustain without disintegrating. In such cases, they might no longer welcome foster care offers from the extended family as they come to increasingly appreciate the warmth and mutual care of living closely together.

These are obvious scenarios; but there is the less clear scenario where children rationally and consciously make a choice to establish as child-headed households even when there are alternative care systems. There are various reasons for this.

First and foremost, these children do not want to be separated from their siblings and go to an orphanage and at the same time want to keep the family's property and land. Children welcome the apparent zeal of some relatives to take them in with mistrust and suspicion especially when these potential care givers are seen grabbing what little property is left of deceased parents. 53% of child headed households surveyed in Zimbabwe said that the extended family had taken items left by the parents. "One family was very distressed when they recalled the day their parent's bed was taken from them (Walker, 2002:13)". Nyonyintono (1990) observed that usually property left to orphans was not always utilized to the benefit of the orphans (cited in Luzze, 2002). Some child

care agencies in Uganda, for instance, became involved in the affairs of such households while parents were still alive but seriously ill with a view to deterring some unscrupulous relatives from fostering the orphans. Hence, 29% of the child headed households in the Uganda study decided to establish as a household to protect property, especially land (Luzze, 2002).

Secondly, the older children or adolescents believe that they have acquired the “skills” of assuming the parental responsibility during parent’s illness and feel they are able to continue to do so with the young siblings. The presence of an adolescent girl in the household can easily trigger the idea of establishing as a household and fare relatively well thereafter. A Study conducted in Rwanda has shown that two-thirds of the child-headed households are headed by girls (Netaid, 2001).



A study by Luzze (2002) in Uganda, by contrast, showed that 80% of the child headed households were headed by boys. Luzze attributes this contrast to the fact that cultural factors like attaching inheritance and wealth to male children makes it much easier for the emergence of a boy headed household than a girl headed household. A Kenyan study by Ayieko (1997) seems to confirm this headship pattern though for different reasons. Ayieko found out that out of the total of child headed households he surveyed, there were no girls in 34% of households compared to only 18% for boys. This fact may indicate that girls are more likely than boys to be separated from other siblings to live away from home with relatives, friends or other persons. She noted that girls are often taken away by relatives and are more easily absorbed in other families than boys. This is particularly so because most girls when old enough work in their new adopted homes as house helpers. Also upon growing up, girls get married and move away from the home. Hence, their stay is temporary with no permanent threat to competition for family resources with other members of the caregivers' households. Ayieko (1997:14-15) further gives the following as the possible reasons why boys, unlike girls, get left behind in their rural homes or why most child headed households may have more boys than girls:

- Boys take longer to mature and thus they do not leave the foster home as quickly as girls.

- When boys grow up, they need land on which to build homes for themselves. It is therefore to their advantage to be left on their ancestral land.
- Upon growing up, boys would one day want to marry. The cost of providing dowry might turn out to be too expensive for the caregivers.

Thirdly, children become established as a child headed household because they fear being mistreated or exploited in foster families (family related or not). This correlates with a study in Tanzania, which has shown that 50% of the foster parents have accepted non related orphans because they wanted to employ them as domestic workers (Semkiwa et al, 2003). Some care givers consider the foster child as a free domestic servant. And many foster families have grabbed orphans' property. Human Rights Watch documented several cases in which children lived on the streets while their would-be protectors occupied or rented out their property (Human Rights Watch, 2003). The Rwanda News Agency reported in 2001 that some foster families are exhibiting "unbearable depths of exploitation, discrimination, torture and tormenting acts" against children in their care (cited in Human Rights Watch, 2003:8). Even after they had been taken in, once they tasted the bitterness of life under foster care, siblings or unrelated children may decide to leave their foster families or may be expelled by the latter and stay together and fend for themselves (Human Rights Watch, 2003).

The fact that increasing numbers of children in developing countries are being cared for in single-parent-headed households has also made the transition to a child headed household much easier. Female-headed households account for 22 per cent of all households in sub-Saharan Africa (UNICEFb, 2006). In their study in Zimbabwe, Foster et al (1997) found out that four such households resulted from the death of a single mother whose partner had left or deserted, and one resulted from a single mother leaving her teenage daughters to care for themselves.

The kind of setting in which orphans find themselves, in terms of its being rural or urban, and the associated costs of living have also a role to play in facilitating or not the establishment of child headed households. The right of surviving children to continue living in their rural residence appears to be an important factor in determining whether child or adolescent-headed households become established. Hence, child and adolescent-headed households may have a higher rural than urban prevalence. This is explained by the fact that living costs are higher in urban areas which leads some to relocate to rural areas where food, accommodation and education costs are lower and where community structures are more stable.

In urban areas in Zimbabwe where there is shortage of accommodation, Foster et al (1997) observed the difficulty for children to hold on to their accommodation after parental death. However, three out of five urban child-headed households lived in their own accommodation, suggesting that if children were living in rented accommodation before parental death, it may be less likely for child headed households to become established (Foster et al, 1997). This may be because they may be evicted from their property for non-payment of rent or because they may lack the legal and social capacities to handle any false legal claims by opportunist neighbors or relatives. There were anecdotal reports of urban child or adolescent-headed households breaking up, with boys becoming 'street kids' or leaving to work on rural farms and girls taking up low-paid domestic employment (Foster et al, 1997).

In some rare cases, child headed households become established to fulfil promises made to a dying mother. Sometimes, adolescents have to make a deathbed promise to take care of young children and keep them together. As a result of such promises, adolescents who might otherwise prefer to see the family fostered resist reasonable strategies for fostering suggested by relatives or child welfare authorities (Foster et al, 1997).

In some even more rare cases, in areas where NGOs targeted child headed households, the possibility of getting access to support from these NGOs tended to motivate communities to encourage some orphans to stay on their own, especially in households where older children exist. Also the fact that previously supported child headed households were doing better than their neighbours set a precedent for other orphans to follow the same path and establish as a child headed household (Luzze, 2002). However, this finding (conclusion) has been contested by Witter et al (2004: 39) as "it is likely that in parishes where NGOs work there are more CHHs (child headed households), partly because NGOs work in areas where demand is highest and partly because child headed households are more able to survive on account of the support from NGOs." These writers continue: "Where NGOs work successfully with families whose parent or parents are very ill or at the terminal stages, then when the parents die the children are more likely to be able to assert their rights and stay on in the property. In addition, relatives may regard the children as managing with community and NGO support, and support their decision to stay on in the family home." There is, therefore, a possibility, albeit in a rather positive way, that NGO interventions motivated some groups of children to establish as child headed households.

Stories are also told of child headed households established with orphans from different families but where the head is family-related (e.g. cousin) to the other children of the household who live under his/her responsibility. The reasons why they gather together are not clearly established but may probably be explained by the fact that children prefer to recreate a family unit and atmosphere rather than remaining respectively alone or to live under the mercy of a heavy-handed adult. In a study in Uganda, it was found out that 92.5% were siblings from the same nucleus family (including polygamous families), 5% were paternal cousins, 0.7% maternal cousins, while 0.6% had no relationship to the head of the household (Luzze, 2002).

1.3 The Extent of the Phenomenon

The first reports of large numbers of child headed households appeared in the early nineties in Uganda and later on in Tanzania, Zambia and Zimbabwe, where the HIV/AIDS epidemic started to develop. Now a few years later, the problem seems to pervade nearly all countries of the continent.

It is difficult to ascertain the exact number of child headed households due to the rapidly changing situations in which some children are found. In some cases, households run by children may be established temporarily, for a few months before children are fostered either by extended families or another adult caregiver within a formal or informal framework.

There are, however, partial estimates which give some idea of the magnitude of the problem.

- In Eritrea, there were some 3,000 street children accounted as child headed households in 2001 (Subbarao et al, 2001).

- Burundi counted an estimated 20,500 unaccompanied children in 2001 (Subbarao et al, 2001).
- In 2003, a prevalence rate of 0.4 per cent of households was found in one rural district of Tanzania (Semkiwa et al, 2003).
- The Human Science Research Council of South Africa undertook a household survey in 2002 which estimated that some 1.5 per cent of households are headed by children aged 12 to 18 years old, a significant increase from the 0.25 per cent estimated in the 1999 survey (Brooks et al, 2002).
- A 2005 Food Security and Livelihood Survey in central highlands of Angola found 2% of households being headed by children (WFP, 2005).
- In 1997, 3% of households in Zimbabwe were headed by children aged 18 or below (Foster et al, 1997).
- The number of child headed households was about seven per cent of households in Zambia in 1998 (GRZ-UNICEF, 1997 cited in Rau, 2003).
- A 2001 study conducted by the Agency for Cooperation and Research in Development (ACORD) estimated that as many as 13 percent of all households or 227,500 families nationwide were headed by children (ACORD, 2001).

The lack of statistical evidence and apparently low incidence of child-headed households should not, however, detract from the fact that child-headed households exist and are growing in extent. Instead of the sheer numbers, it must be the devastating consequences of the phenomenon and its brutal onslaught on the basics of childhood that should make it stand out as a challenge of unprecedented ferocity.

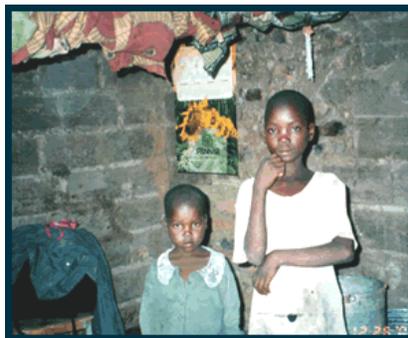
1.4 Consequences and Implications of the Phenomenon

The Phenomenon of child headed households, as an emerging challenge, has had, and may continue to have, a plethora of serious short-term and long term consequences.

The first major implication is on impoverishment of child headed households and the associated problems. During the terminal stages of the illness, many households sell off land to raise money for hospital bills and medication. To complicate things further, some hospitals and clinics also encouraged terminally ill patients to surrender land title deeds as security for medical bills (Ayieko, 1997). Hence the resources that are badly needed for survival are depleted already signaling the chronic impoverishment of these children when they subsequently establish as a child headed household.

A study in Zimbabwe compared 27 child headed households and 16 adolescent headed households and compared these with neighboring control households; child headed households

and adolescent headed households had significantly fewer assets including livestock, blankets and other household items; household income of child headed households and adolescent headed households was US\$8 per month compared to \$21 per month of control households (Foster, 1998 cited in Foster, 2005). Hence, child and adolescent headed households belong to the lowest ranks of the chronically poor segments of the population.



Child headed households are more likely to live in abject poverty

In terms of access to basic services, most of these children have no access to health care or education, and lack sufficient food, basic household goods, or agricultural necessities.

In a study conducted in Zimbabwe, Walker ((2002) reported that all of the households surveyed were very food insecure. 59% of the families reported that they relied on casual work to obtain food and 41% said that they relied on food given by well-wishers in the community. Handouts from the community members can not be sustainable in light of the inability of child headed households to 'pay' back. As little children, one can not expect them to have established social networks that can readily generate support at times of need. It is almost a truism that many such networks operate under the unwritten law of reciprocity, and as such, these children may be excluded from informal support mechanisms as they cannot reciprocate by way of monthly contributions, membership fees (Foster, 2005) and regular attendances of social events. A study in Rwanda revealed that children in child headed households felt embarrassed because of the state of poverty in which they find themselves and kept away from family or social events such as weddings because they had no decent clothes to wear or present to give (ACORD, 2001).

Few (24%) of the families in the Zimbabwe survey were making an attempt to grow their own food and several families reported collecting roots and fruits from the bush and fishing in local dams. A lack of motivation triggered by the state of being overburdened with tasks was stated as one of the reasons behind the limited effort made to grow own food (Walker, 2002). 13% of the children interviewed were formally working on the commercial farm, for new settlers, in gold panning and vending. Many of the children interviewed said that they undertook small jobs/work for food (Walker, 2002). But to make matters worse, these children are not paid their due of work done. A study in Rwanda showed that orphan laborers from child headed households are paid half the wages given to adults for equivalent work (ACORD, 2001). 65% of the families surveyed reported that they relied on the community, farmers or NGOs for their clothing. One family had inherited their father's clothing but it was too big for them at the time. Most of the children interviewed had

very poor, ragged clothing and several reported that they did not have warm clothing for the winter season. 29% of the households visited did not have blankets (Walker, 2002).

Because of their poor housing conditions, these children are vulnerable to snakes, vermin and other dangerous insects; most households share housing with domestic animals (Luzze, 2002) and some live under plastic sheeting (ACORD, 2001).



There is high morbidity and mortality among children in child headed households because of poor environment, malnutrition and lack of medical attention (Ayieko, 1997). They not only lack money for medical treatment when sick, but also find it hard to access free government health services because of lack of information. To deal with their health problems, child headed households usually resort to using traditional medicine (Luzze, 2002). Their physical as well as psychological immaturity also exposes them to labour-related hazards at home and outside. A case was reported from Kenya where a fatal accident happened at home in the course of providing labour due to ignorance in accident prevention and immaturity (Ayieko, 1997).

In terms of access to schooling, 40% of children in a Zimbabwe study by Walker (2002) were found to have not been enrolled to school, while 34% had been forced to drop out before completing their education. The reasons for no or limited access to schooling included lack of money and heavy domestic responsibilities (Ayieko, 1997). Without education, these children would have limited choices as to how an income is generated, and would be forced to become prostitutes in order to provide for their family, exposing themselves to further risk and exploitation.

When external support fails to materialize, and when they could not have the opportunity to provide their needs through their labor, these children sell remaining assets, beg, pray and sometimes accept their situation and become fatalistic (KUI, 2006). Girls end up as prostitutes or get in marriage at a very early age and boys join armed groups or make their way into the streets to look for petty employment. A study in Tanzania showed that 60% of children working in the informal sector were either single or double orphans (Semkiwa et al, 2003). In a Zambia study, three quarters of the street children sampled were expected to contribute financially to their family, for sick parents or for siblings (Mushingeh et al, 2002) attesting to the fact that they were members of child headed households.

An ILO survey found that orphans and refugees are particularly vulnerable to recruitment and may join the army or an armed group in the hope of getting regular food and to survive and suffer the risks and dangers associated with child soldiering (Dumas, 2003). All of these exit strategies, namely prostitution, child soldiering and streetism compound the risks of sexual exploitation and HIV infection (Rau, 2003), and in the case of child soldiering, the danger of premature death in combat zones.

Life for girl-headed households is even more gruesome. Community members no longer treated older girls heading households as children, even though they treated other girls of the same age with parents as children. The community saw these girls as "mothers" and expected them to work hard to care for their younger brothers and sisters. As a result, the girls had no friends except those who were also heading child headed households. This is likely to fuel sexual abuse and the tendency to condone the act. There were reports of girls heading households trading sex for their siblings' school fees or to buy food and medicines (Human Rights Watch, 2003). Girl-headed household members are also vulnerable and "are at the mercy of drunkards, vagrants or any other men who may decide to enter their shelter and force them into sexual relationships. Men even wait for them near the water point where they come to fetch water or near the field where they work all day, only to rape them. They are condemned to silence because no one would defend them – on the contrary, they would endure further ostracism from the community" (ACORD, 2001:3).



On the emotional and psychosocial dimension, empirical evidence suggests that when children have to assist the long agony of parents, it may affect their life with disastrous psychological impact especially when they are not prepared or accompanied. Not only material security is threatened by the parent's death, but love as the most important need of a child is also gone. The lack of parents' nurture hampers development progress and leads to chronic depression, psychosomatic disorders, fear, pessimism, hopelessness, low self-esteem and stigma, among others (Fox, 2001).

During the illness of parents and for some of them, after the death of parents, stigma is strongly perceived and children do feel being rejected or discriminated. This correlates with the fact that AIDS orphans or children living with AIDS parents seem to have fewer friends and do suffer more from social isolation than their peers (MOLSA et al, 2003).

Psychosomatic disorders can become pervasive and destructive in situations where children grieve for their lost parent(s) without clearly knowing and understanding what happened since sickness was kept secret. Gilborn et al (2001) studied a sample of orphans and children living with HIV/AIDS

infected parents in Uganda. Results showed these children showed worry and frustration the causes of which resided in being uninformed of the disease and the secrecy surrounding it. Not knowing the reason of sickness or death of parents is perceived as contributing to higher stigma and discrimination, leading thus to psychological discomfort. As Ayieko (1997:23) noted, "The fresh mounds of soil in front of their houses only bring more questions to their young minds." Stefan Lewis, the UN Special Envoy for HIV/AIDS in Africa, made the following emotionally moving observation about the tremendous psychological affliction of these children: "So many of the kids have gone through the desperate, traumatic ordeal of looking after a mother who literally dies in the child's arms. They feel so abandoned. The little ones, the 4 and 5 and 6-year-olds, with these great big eyes, their little voices engaging you in this quiet whispered conversation -- and you're trying to figure out what can be done for this seemingly endless roll-call of children. Sometimes, it can be emotionally overwhelming"(cited in Fleshman, 2001:1).

Children in child headed households also suffer stress resulting from adapting to de facto adult roles and responsibilities of caring with minimal resources for the subtle survival, parenting and security needs of small children.

Children heading households are not considered as children by their peers and other community members because they are playing the roles of adults; they are not also taken seriously by older community members because of their tender age (ACORD, 2001). Under these circumstances where the biological age of the children conflicts with their social roles, they feel some sort of identity crisis and a sense of communal alienation.

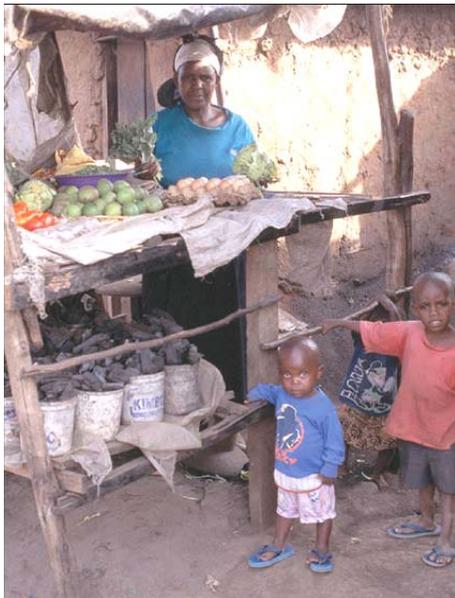
Finally, as yet another consequence, from the social perspective, the transmission of knowledge between generations is short circuited because of the phenomenon since familial histories and cultures go usually from parents to children and not from children to children.

1.5 Suggestions: Building on Community-Based Practices

"There can be no 'ideal' response to the loss of a parent, only better or worse alternatives"
-Action for Children Affected by AIDS (1994), cited in Plan, 2005:3).

From our discussion in the preceding sections, we can learn that much is at stake and the startling trend carries with it an unyielding call for urgent and appropriate steps. As the first of measures, global, national and local efforts have to be exerted to support orphaned children before they establish as child headed households. Measures in this regard include the following.

Primarily, the overarching purposes of poverty alleviation and extending social security mechanisms to all poor families need to be pursued. However, as a matter of priority, directing financial resources to extended families that are willing to foster orphans but cannot afford it would ensure that children will not be abandoned and left on their own. It is worth noting that limited resources are cited as the main factor by relatives for not caring for orphans. There were reports of people taking in orphans even under serious household resource constraints.



In appreciation of the overall resource limitations at the community level, many community and faith-based groups create income-generating activities for caregivers, offering micro credit loans and small business training. Some of the most successful programs are locally run with support from non-governmental or professional organizations specializing in microfinance. These programs provide caregivers with the skills and the start-up capital to engage in livelihoods that will help feed, clothe, and pay the school fees for the children in their care. Other organizations provide agricultural supplies such as seeds, tools, and livestock to families in rural areas Olson, K., Sibanda, Z. and Foster, G. (2006). From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa. The Firelight Foundation: Santa Cruz.P.8.

Secondly, more effective home-based community, NGO and government care services have to be provided for people affected by HIV/AIDS as a way to alleviate children's responsibilities and allow time for attending school. This should include, as a matter of priority, access to antiretroviral drug treatment to prevent mother-to-child transmission and to treat HIV infection coupled with home-based care through community volunteers (Olson et al, 2006).

Community mobilization may first and foremost require surmounting emerging challenges associated with community care including the tendency to depart from the traditional collective life style to a more individualistic one (Ayieko, 1997). Community counseling would help the villagers understand the gravity of the situation and how to cope with the inevitable consequences of the epidemic. It would help build trust amongst them, help them discover new aspects of particular problems, and help to develop ideas and strategies to address these issues.

On the other hand, once established, child headed households need to get access to health, education, and housing and other basic and social services. The State, NGOs, and the community all have a role to play in ensuring the fulfilment of the basic and psychosocial needs of children through cash transfers and direct non-financial support.

An increasing number of countries in sub-Saharan Africa have begun to provide social protection for children affected by AIDS. The highest levels of support are seen in the following countries: Botswana, where 95 per cent of households receive some form of external support for the care of orphans and vulnerable children; Namibia (33 per cent); Lesotho (25 percent); Uganda (23 per cent); Zambia (13 per cent); and Kenya and Togo (both 10 per cent). Kenya, Malawi and Mozambique have piloted cash-transfer programmes in some of the poorest areas, where children are especially vulnerable to leaving home or dropping out of school (UNAIDS, UNICEF and WHO, 2007:17).

NGO interventions will bring results if they are anchored in community structures and if they are able to leave sustainable structures behind. Besides, they would impact positively if they can manage to achieve the double-edged objective of reinforcing vital coping strategies in child headed households and minimizing detrimental coping strategies (Luzze, 2002). These interventions should also attempt to cater for the needs of the different age groups in a child headed household and also involve teachers, community counselors and other children in the community.

Community engagement will be critically important especially in light of the fact that appropriate adults' guidance is an essential ingredient for a child's balanced development. Equally importantly, communities are well placed in identifying the needs of their destitute compatriots and in accessing and assisting them accordingly. There is, therefore, a need for building on and capitalizing upon existing community, NGO and Government efforts and scaling out the best practices.

It is worth noting that the extended family and community members especially neighbours have had a significant role in supporting child headed households even under prevalent resource strains. Studies show that under nutrition, they provided food relief, planting materials, and guidance on production and investment decisions. Under education, they provided scholastic materials and encouragement to keep children in school, while under health, they provided herbs and medical support. Under parenting, they provided support in the form of moral guidance, while under security/protection, household security and protection of household land and property ranked highest (Luzze, 2002).



Rural Economic Enhancement Programme (REEP), Butula, Kenya

REEP's success in strengthening family care for vulnerable children rests upon its decision to invest in long-term solutions that improve livelihoods and inspire hope. Working in partnership with a local bank, REEP structured a revolving loan fund with more than 200 caregivers and youth as shareholders. They receive training in bookkeeping and other skills to help them set up small businesses, and then are given small loans as start-up capital. Staff members help each trainee identify a business based on his or her abilities and what the market can support. Participants join support groups and receive ongoing technical support. As a result of this carefully designed program, many members are taking care of themselves and their families. Their individual stories highlight the effectiveness of economic empowerment at the community level. Mercelyne, the oldest of five children who lost both their parents to HIV/AIDS, was forced to leave school to care for her siblings. The US\$26 she makes in an average week with her knitting business takes care of her family's needs and pays school fees for her younger siblings.

Source: Olson, K., Sibanda, Z. and Foster, G. (2006). From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa. The Firelight Foundation: Santa Cruz.P.8.

Path finder International has developed partnerships with Barclays Bank of Kenya and Citigroup through the Global Business Coalition for HIV/AIDS. The partnership supports a livelihood training project involving orphaned youth ages 15-21, who learn carpentry, tailoring, and other skills and are guided to jobs and resources such as credit unions.

Source: Ruland, C.D., Finger, W., Williamson, N., Tahir, S., Savariaud, S., Schweitzer, A-M., and Shears, K. (2005). Adolescents: Orphaned and Vulnerable in the Time of HIV/AIDS. Youth Issues Paper 6. Family Health International. P.9.

The Nkundabana Model of Care in Rwanda

Nkundabana (Kinyarwanda term for "I love children") are community-based volunteers who serve as adult mentors and role models for children in CHHs. The use of Nkundabana began in 1998 with a partnership between CARE and Food for the Hungry International (FHI).¹¹ When that partnership ended in 2000, CARE continued implementing programs facilitated by Nkundabana.

Family members are the preferred choice to serve as caregivers, but in situations where family members are not an option, a community bridge to the community. During regular visits, Nkundabana teach life skills and provide advice. In this approach, children have veto powers over which member of the community takes care of them and they also draw the terms of reference. Because children living in CHHs have demonstrated an immense need for psychosocial support, Nkundabana play a vital role in helping children talk through their concerns of today and the past. Trained in helpful active listening and HIV/AIDS prevention counseling, Nkundabana are on the frontline of easing emotional and psychological distress and slowing the spread of HIV. Within the larger community, they advocate against the exploitation of children and in favor of land rights, working to sensitize the community to the issues of CHHs. These efforts have led to demonstrated changes in the community's treatment of CHHs and decreased the marginalization of OVCY. The Nkundabana approach is also sustainable over the long term: with proper training and organization, Nkundabana become project leaders and can continue care and support activities even after CARE and other NGOs phase out direct support. Hence, this approach ensures not only quality care but also long-term sustainability and continued support of community members.



Source: Care (1999). A Model for Community-Based Care for Orphans and Vulnerable lessons learned. Nkundabana. Page.8.

Isibindi support for child headed households

The National Association of Child Care Workers in South Africa has developed the “Isibindi” (Zulu word meaning “courage”) model of child care to help address the challenge of child headed households. The model eschews the institutionalisation of children and instead provides them with appropriate support to remain living in their own community and care for family members. Local community members are trained to become qualified, registered child and youth care workers. Child and youth care workers often interact with children in their homes and relate to them through discussion of everyday activities, providing a therapeutic environment.

Care givers work intensively with individual families and provide assistance in securing social support grants, counselling, help with homework and household chores, and emotional support normally provided by a parent. The programme also involves the building of community facilities which provide a “safe park” where children can play and a base for proper project management. The programme is overseen in each community through a dedicated multi-stakeholder child care structure.



Safe park at Donkerhoek in South Africa

Credit: Benni Gool, Orys Media

Source: De Beers Group Case Study Isibindi support for child-headed households

<http://www.debeersgroup.com/debeersweb/Investing+in+the+Future/Communities/Case+study+-+Isibindi+support+for+child-headed+households.htm>. Accessed 13 March 2007.

The direct support from the community, NGOs and the government has to be carried out parallel to interventions that ensure the long-term self sufficiency of child headed households. Therefore, the capacity of these households in terms of income generating skills has to be strengthened to help them become self dependent.

A study in Zimbabwe showed that very few child headed households made attempts to grow their own food. The reasons included lack of knowledge/ expertise, shortage of money for buying the inputs, fear that the produce would be stolen and no access to land (Walker, 2002).

A study in Kenya has revealed that many of the properties these children inherit usually fall apart due to the lack of financial and entrepreneurial ability of surviving family members. Others get repossessed by the financiers due to lack of debt repayment. 4.9% of the families who own business facilities do not necessarily run those businesses and most of them were not functional at all. A few could be salvaged with minimal effort (Ayieko, 1997).

Many of these economically viable properties get abandoned soon after the death of the owners. About 78% of households reported that they have had to abandon some properties due to a lack of management capacity. Some orphans have attempted running their deceased parents' businesses but with little success. With some training and business management counselling, most of the activities could be maintained to sustain the orphans in the rural areas. A total of 2.4% of families reported having at least one person among the siblings taking care of the deceased parents' businesses, however difficult it seemed. It is clear that the orphans have a desire to keep the businesses going except for their tender ages, lack of training and experience (Ayieko, 1997). In some rural communities, most orphans could not follow up on parental interests and shares from project and related dividends because they did not have the information. As a result, they lose their parents' properties to other group members (Ayieko, 1997). Therefore, capacity building and information provision have to be complemented by proper follow up and monitoring as well as protection from ill-advised adult profiteers through mentorship schemes.

Such arrangements would deter any opportunist tendencies of some mentors, relatives, neighbors and other community members and protect these households from physical, psychological and financial exploitation.

The South African Mentorship Model

While some child headed households may have to cope with living without any adult intervention, there has to be a mechanism for those child headed households that would find it hard to live without adult intervention. In recognition of this, the South African draft Children's Bill has now put in place a mentorship scheme to support children who have chosen to live as a child headed household but face difficulties to access social grants and to make other critical decisions. The 'household mentor' may access social grants and other social benefits on behalf of the child headed household but may not make decisions in respect of the children without giving due weight to their opinions as appropriate to their capacity and to the opinion of the child at the head of the household. Legal recognition would be given to mentorship schemes in terms of which one or more appropriately selected and mandated adults are appointed as 'household mentors' over a cluster of child-headed households by the Department of Social Development, a recognized NGO or the court (children or family court). To prevent fraud and abuse, the 'household mentor' would be accountable to the Department of Social Development or a recognized NGO or the court (children or family court).

Source: South African Law Commission Draft Children's Bill 2002. Section 234.

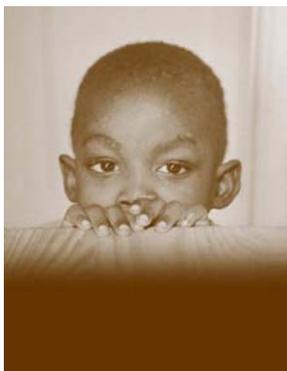
Flexibility in Care Options and engaging multiple stakeholders The Case of The Farm Orphan Support Trust (FOST) of Zimbabwe

Farm workers in Zimbabwe are multi-ethnic. Many are immigrants or the children of immigrants, and many more are Zimbabweans who have moved from their native villages. Families are therefore often isolated from their extended family networks and no longer have any regular contact with their families back home, leaving children with no one to take care of them if their parents should die.

In 1986, the Farm Orphan Support Trust (FOST) of Zimbabwe was set up as a community response to the situation of orphans in commercial farming areas. On FOST's executive committee there are representatives of the farms – both employees and employers – from Government, academic institutions, churches and NGOs. FOST aims above all to keep sibling orphans together, within a family of the same culture and in a familiar environment. It operates foster schemes on farms, using farm development committees to train caregivers, establish monitoring procedures and raise community awareness. All the farms register orphans individually and send biographic information to a central computerized data bank. This procedure helps in tracing relatives. FOST promotes five levels of orphan care. Its most preferred is within the extended family. If that is not possible, orphans are to be placed within substitute families. After that, small groups of orphans will live together on a farm, looked after by a carefully chosen caregiver employed by the farm for the purpose. The next most preferred type of care is an adolescent child headed household with siblings remaining together, preferably in the family home. Here they are cared for by the eldest child with the regular supervision and support of the farm's Child Care Committee, the community and the local field officer. Finally, FOST will arrange for temporary care in an orphanage, until a better solution can be found.

Source: UNICEF (1999). Children Orphaned by Aids Front-line responses from eastern and southern Africa. P. 24.

Economic and socioeconomic support to these children has to be accompanied by emotional support. These children have special needs such as the need for self-actualization, palliative care and bereavement counselling as much as they have the need for an enabling environment for a reasonable childhood. **This is obviously critical as these children have been to the very eye of the storm.**



Rob Smetherham Bereavement Service for Children (RSBSC), Hilton, South Africa

RSBSC is a faith-inspired organization that offers psychosocial support to bereaved children, especially those affected by HIV/AIDS. Given the lack of services in rural areas, RSBSC decided *"there is a need to look for creative ways of supporting the community in helping children cope with their losses and changed circumstances."* Play is a child's natural way to communicate, and RSBSC uses play therapy to help children work through their grief. They have developed a community-based model to raise awareness, build relationships, and provide therapeutic playgroups for children in rural areas. RSBSC also helps adults to deal with their own grief, which in turn allows them to better address the needs of children. The program offers training so that communities are able to provide bereavement interventions on their own. Staff members monitor the locally run groups and assist them in evaluating the impact of their services for several months before they exit the community.

Source: Olson, K., Sibanda, Z. and Foster, G. (2006). *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa*. The Firelight Foundation: Santa Cruz. P.14

On the legal front, advocacy efforts should begin with appreciation of how the onslaught of the phenomenon has put existing constitutional and legislative frameworks in question. The appreciation should be followed by efforts at ensuring that child headed households are recognized by global bodies and addressed in national constitutions, legislation and social welfare systems. Such efforts have also to challenge the operational modalities of existing public safety nets, which effectively exclude extremely poor and vulnerable people including child headed households and people affected by HIV/AIDS (Kadiyala and Gillespie, 2002). A World Bank study in Tanzania on households that lost breadwinners through AIDS found that only 10 per cent of assistance was supplied by NGOs and other agencies (cited in Foster, 2005). 90 per cent of their material and other assistance came from relatives and community groups such as savings clubs and burial societies. To cite a specific instance, food-for-work schemes, as widely used safety nets, may not be accessed by the chronically ill, those caring for sick relatives, the elderly and child heads of households (SADC, 2003).

It is also incumbent upon advocacy organizations to challenge current social welfare regimes, where the presence of an adult in a household is taken as a prerequisite to access social welfare grants (Barrientos and DeJong, 2004). Legal barriers and loopholes coupled with bureaucratic bottlenecks and negligence have led child headed households to feel a sense of resignation and mistrust when it comes to seeking support from government authorities. A study in the Jinja district of Uganda revealed that not a single child in the surveyed child headed households ever went to seek support from government authorities (Graham, 2004). There is thus a need to revisit the social welfare system of the public sector both in the areas of legislation and execution so that it pays greater and focused attention to vulnerable children such as child headed households. Nowadays, sporadic attempts, some with exemplary implications, are being exerted to that effect.

At the UN level, the UN Committee on the Rights of the Child recognized child headed households as a family typology, albeit in a guarded fashion, and called for assistance from State parties for such households. Paragraph 31 of **General Comment No. 3 (2003) HIV/AIDS and the rights of the child** of the Committee reads:

Orphans are best protected and cared for when efforts are made to enable siblings to remain together, and in the care of relatives or family members. The extended family, with the support of the surrounding community, may be the least traumatic and therefore the best way to care for orphans when there are no other feasible alternatives. Assistance must be provided so that, to the maximum extent possible, children can remain within existing family structures. This option may not be available due to the impact HIV/AIDS has on the extended family. In that case, States parties should provide as far as possible for family-type alternative care (e.g. foster care). States parties are encouraged to provide support, financial and otherwise, when necessary, to child-headed households. States parties must ensure that their strategies recognize that communities are at the front line of the response to HIV/AIDS and that these strategies are designed to support communities in their determinations as to how best to provide support to the orphans living there.

A UNICEF report on the framework for protection, care and support for orphans and vulnerable children encouraged governments “to consider ways to legally recognize child-headed households in order to provide these children with access to social assistance and services, and to prevent land-grabbing and other forms of economic opportunism (UNICEF, 2007:29).

At the continental level, the African Charter on the Rights and Welfare of the Child, though an important regional charter for protecting and promoting children's rights, is largely silent on the specific issue of HIV/AIDS and child headed households. This is understandable as the Charter was drafted before the pandemic unfolded with enormous scale (Sloth-Neilson, 2004). However, Article V of the Charter calls for states parties to ensure, to the maximum extent possible, children's survival, protection and development and Article XVIII recognizes that the family is the “natural unit and basis of society”. The Charter specifically says that states “shall ensure that any child who is parentless, or who is temporarily or permanently deprived of his or her family environment...shall be provided with alternative family care, which could include, among others, foster placement or placement in suitable institutions for the care of children” (Article 25(2)). Though this Article may arguably be used in conjunction with the other family-related articles to protect the rights and welfare of child headed households, an advocacy effort may be required for getting child headed households explicitly recognized as a family form by the African Committee of Experts on the Rights and Welfare of the Child.

At national levels, many countries in Africa have embarked on national action plans supporting and protecting orphans and vulnerable children.

However, the acceptability of child headed households as a new family typology from a child rights' standpoint – and in particular the rights of the “responsible” child is the subject of debate. Goldblatt and Liebenberg, (2004) cite Martha Minow's ‘functional approach’ as being particularly useful in demystifying the reluctance to recognize child headed households as a family unit. According to Minow, certain people may not fit a ‘formal’ legal definition of a family than a functional one where a group of people do share affection and resources, think of one another as family members, and present themselves as such to neighbors and others. From this functional perspective, child

headed households are indeed families. In fact, there are now instances of countries promoting and supporting child headed households as a form of alternative care and as the "least undesirable" care option. On the fore front of these efforts is State of South Africa. There is now understanding in the country that "it is in the best interests of siblings who have collectively suffered the loss of parental care to remain living together even if this means without adult caregivers, so as to continue to have the support and relationship of the sibling group wherever possible" (South African Law Commission, 2003: 561).

However, the thrust to support these children where they are established as a household should not be taken as a matter of denying the harshness of the life they lead. It should be seen as a way of acknowledging their choice to live in that way and to acknowledge "their capacity to cope with adversity in a manner that frequently belies their age" (O'Sullivan, 2003 cited in Plan, 2005:5). As a way of overcoming the harshness of their lives, these households engage in a number of activities which have emerged "naturally" after they establish as a household. As these activities come either in continuation of what the households were doing prior to parent's sickness and death, or in a spontaneous survival response by the children, they can hardly be gainful and sustainable. The coping mechanisms currently used by child headed households fall more into a survival reflex rather than a well-thought out and strategic means for reproducing a regular life cycle as in biological families. The efforts to recognize these households should not also be construed as a failure to appreciate the dilemmas and even risks involved in leaving children under the little-studied option of 'parenthood' by other children. There will certainly be a behavioural difference between these children and others who grew up under close adult supervision and adult parenthood. Because, it is known that, within a household, the nature of the relationship between the caregiver and the child strongly influences the outcome for the child (UNICEF, 2006a). Yet, no longitudinal studies have so far been conducted to establish with certainty the vital effects on adulthood behaviour of a child who grew up under a child head of a household and as a household head. A study by Case et al (2004) has shown that lower rates of school enrolment and poor grade progression are more common the more distant the biological relationship between a child and the head of the household (cited in UNICEF, 2007). Thus it may as well be the case that children growing up in a child headed household may be better off than those who are living under the guidance of biologically non-related adults or even abusive relatives. But the question is: are children in child headed households totally cut off from adult guidance and supervision? Most of them are not. Studies have shown that most of these children often go to their grandparents and other relatives for advice and consultation if they are residing nearby (Luzze, 2002).

Under these circumstances, there is certainly a need for the legal recognition of child headed households as a placement option for orphaned children in need of care. Consequently, there is a need for provision to be made to ensure adequate supervision and support by persons or entities selected or approved by an official body and directly or indirectly accountable to that body. The recognition is thus critically important to solicit support for these children from Government as well as to formalize the responses. With legal recognition, children living in child headed households may easily get births registered, and get access to health care treatment, social security and other state mechanisms. They can also be saved from being dispossessed of their houses, land and property (Sloth-Nielson, 2004). The development of appropriate programmes and policies to serve the needs of children living in these circumstances would best be addressed by this recognition and not by misguidedly attempting to eliminate the existence of such a family form (Rosa, 2004). "A

denial of their existence, and worse, a presumption that such family forms are entirely negative and thus should be eliminated, ignores the reality of children's experiences, ill-considers their best interests, and is discriminatory" (Rosa, 2004:9).

The timely appreciation of these circumstances by the South African government and the country's scholars highlighted critical lacunae in the country's constitution, the Children's Bill and related legislative provisions. Wise and exemplary moves then followed. As one of the important steps, the South African Law Commission called for the legal recognition of child-headed households to facilitate adult supervision, access to social grants, and the elimination of discrimination against child-headed households (Sloth-Neilson, 2004).

Legislative Reform-A Brilliant Example from South Africa

The South African Law Commission provided for placement of a child under supervision in a child-headed household. It also provided for legal recognition that child-headed households are a type of family unit in South African society. Section 234 of the Children's Bill drafted by the Law Commission provided that:

- (1) A provincial head of social development may recognise a household as a child-headed household if:
 - (a) the parent of primary care-giver of the household is terminally ill or has died because of Aids or another cause;
 - (b) no adult family member is available to provide care for the children in the household;
 - (c) a child has assumed the role of primary care-giver in respect of a child or children in the household.
- (2) A child-headed household must function under the general supervision of an adult designated by:
 - (a) a child and family court; or
 - (b) an organ of state or non governmental organisation determined by the provincial head of social development.
- (3) The adult person referred to in subsection (2):
 - (a) may collect and administer for the child-headed household any social security grant or other grant or assistance to which the household is entitled; and
 - (b) is accountable to the child and family court, or the provincial department of social development, or to another organ of state or a nongovernmental organization, for the administration of any money received on behalf of the household.
- (4) The adult person referred to in subsection (2) may not take any decisions concerning such household and the children in the household without consulting:
 - (a) the child at the head of the household; and
 - (b) given the age, maturity and stage of development of the other children, also those other children.
- (5) The child heading the household may, subject to the supervision and advice of the adult person referred to in subsection (2), take all day-to-day decisions relating to the household and the children in the household as if that child was an adult primary care-giver.
- (6) A child-headed household may not be excluded from any aid, relief or other programme for poor households provided by an organ of state in the national, provincial or local sphere of government by reason of the fact that the household is headed by a child.

Source: South African Law Commission. Draft Children's Bill 2002. Section 234.

However, only remedying legislative obstacles is insufficient to ensure equitable property protection and transfer. Disinheritance is more likely not only where legislation is outdated, but also where codified laws and customary systems of justice are contradictory and where public awareness is low and laws are inadequately applied (UNICEF, 2007). "Where customary law may jeopardize the well-being of citizens, governments should be responsible for enforcing national law. This may entail providing additional support to local civil courts, making legal practitioners aware of any legislative changes, and taking further steps to make legal aid and the court system accessible to poor families, including children and adolescents" (UNICEF, 2007:23).

Free Legal for Orphans and Vulnerable children

African children are increasingly facing abuse and neglect on the streets, in their communities and even in their homes. The abuse is not only carried out by strangers but also by the very people who are meant to protect them – their family and friends. In these cases, children have nowhere to turn. The high cost of litigation and fear of endangering links with the community mean that abuse and neglect are often left unchecked. The African Child Policy Forum responded to this dire need by establishing the Children's Legal Protection Centre in Addis Ababa, Ethiopia in 2005 the only one of its kind in the country. For the first time, children whose rights are violated either as victims or perpetrators of a criminal offence, now have the opportunity to obtain free legal advice and representation in court. Children who are abused by their care givers or other community members are given free legal counseling and judicial representation. The Centre gives appropriate verbal legal advice to children and their families and prepares pleadings, legal submissions or affidavits for and on behalf of children. The Centre serves all children without discrimination but gives special attention to abused children; orphans and vulnerable children; child headed households; street children; and children in conflict with the law.

A number of legal cases have been won on behalf of these children and that in itself is believed to have deterred further abuse and exploitation of orphans by unscrupulous relatives, care givers, security forces and other community members.

Source: The African Child Policy Forum (2006) Strategic Plan. 2007-2011. P.23.

2. Concluding Remarks

The phenomenon of child headed Households is pretty much a symptom of the wider structural problems facing African societies. It has everything to do with poverty, armed conflicts and even bad governance that characterize the continent. The phenomenon of child headed households has generated new ways of looking at the African family and the African community basics and how it can and has to adapt to the new difficult environment that surrounds it. A fundamental transformation of the family structure is in the making to the extent of threatening and weakening the traditional roles of the extended family in caring for orphans. Under these circumstances, child headed households are more likely to live in poor conditions and have little chance of getting out of poverty without external support. Their daring attempt to survive and continue as a 'family' unit has to be supported according to their interest and potential and their capacity has to be strengthened where it is weak. Any economic support has to be complemented by psychological care and support including bereavement and trauma counselling. Flexibility in care options with keen focus on the best interests of the children themselves and according to their evolving and changing needs is important. But in any case, the implementation of support schemes has to be centred in a family/home setting with a synergy between various actors, so that complementary skills, competencies and commitments are put together.

Mr. Stephen Lewis expressed the daunting task ahead in helping out these children in the following words: "There has to be a Herculean effort made for these kids so we don't lose them." Otherwise, he cautioned, "you reap the whirlwind...." (cited in Fleshman, 2001:1) Such immediate and basic interventions like housing, feeding, educating and nurturing these children is both a moral imperative of every human being and an essential to Africa's survival.

The State of the World's Children report - 2006 described the urgency of the problem as follows:

A childhood cannot wait for extreme poverty to be eradicated, armed conflict to abate, the HIV/AIDS pandemic to subside, or for governments and societies to openly challenge attitudes that entrench discrimination and inequalities. Once past, a childhood can't be regained. For millions of children, their childhood and their future depend on swift and decisive action being taken now to address these threats p.31.

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