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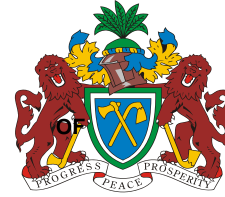

Situational Analysis of Orphans and Other Vulnerable Children in The Gambia

Report

2004

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Executive Summary

International concern about the consequence of the HIV/AIDS epidemic on children has been rising. Increasing numbers of children are becoming orphans and many others are being made vulnerable by illness and death relating to HIV. In sub-Saharan Africa there are also many other reasons for parents of young children to die.

Losing a parent has a devastating impact on the life of a child, and has repercussions for their community and their country. There are also other groups of children that are disadvantaged who may be vulnerable, including disabled children, those living in a household headed by an elderly person or a child, those not living with their biological parents and those living in households where adults are sick or may die. The basic human rights of such vulnerable children may be threatened.

In The Gambia it is not uncommon for children to lose one or both of their parents before adulthood. Fathers are often substantially older than their wives, and may die of natural causes before their children are grown up; there are many other causes of death for parents of young children. The prevalence of HIV is relatively low, but rising. An estimated 15000 people are living with HIV in The Gambia, and an estimated 5000 children are AIDS orphans.

The Gambia set up a National Orphan and Vulnerable Children (OVC) Taskforce in 2002. This Taskforce commissioned this situational analysis to understand the current situation of orphaned children in The Gambia and to assess current models of care.

This document reviews international literature about OVC, the Gambian literature on children, existing Gambian policies and laws on children and existing Gambian data on children to set the scene for the examination of the new data collected for the situational analysis. The issue of OVC is seen to threaten both individual child development and national development. In The Gambia high levels of vulnerability and poverty have been described in many studies. The Government of The Gambia has developed relevant policies for Social Welfare, Children, Education, Adoption, Youth, AIDS, Nutrition and Inheritance.

Data from the National Censuses and from the Multiple Indicator Cluster Survey (MICS 2000) give useful background information. Census data of 1993 showed that 6.36% of all children below the age of 18 were orphans (had lost mother or father, or both); the MICS data showed that 8% of those aged 0-14 were orphans, while 73% of children were living with both parents. The MICS showed that orphans were significantly more likely to be malnourished that non-orphans.

The situational analysis used 3 methods to collect further information on OVC in The Gambia:

1. A national representative **survey** which included interviews at household level using structured questionnaires
2. **Focus group discussions** (FGDs) with members of the communities, including orphans and non-orphan children; children in institutions and on the streets
3. **Interviews with stakeholders** and other key informants

Survey

A total of 63 Enumeration Areas (EAs) were sampled: 2.5% of the total population of The Gambia. All household members within the selected EAs were listed, and all orphans and disabled children were selected for interview, together with 10% of all other children as a ‘control’ group. For those aged under 12 years the caregiver was interviewed, and for those aged 12-17 years the children themselves were

interviewed. All household heads from households from which a child was selected were also interviewed. The interviews covered the situation of the children within compound. Interviews were carried out in private and confidentiality was maintained.

Highly experienced enumerators and supervisors were selected, and trained for 5 days.

A total population of 29,046 was enumerated, 50.0% of whom were under the age of 18 years. In the western part of the country less than half of the population was under this age, whereas in the more rural areas over half was under 18.

The total population under the age of 18 years was 14,509, and 9.1% of these children were listed as orphans. Both parents were dead for 0.6% of the young people, mother alive but father dead for 6.7% and father alive mother dead for 1.8%, showing clearly that many more children have lost their father than their mother. More orphans were found in URD (12.6% of all children were orphans) than in other parts of the country. Of those children enumerated 70.5% were living with both their parents in the same household; this was less common in the urban areas. Children living in households where both parents were absent (but not dead) are assumed to be in foster care, and overall this was the situation for 13.1% of those enumerated, most common in LRD, and least common in URD.

The definition of vulnerability includes those who are disabled, and 1.1% of all children reported severe disability that limited their daily activities.

Households were also asked whether an adult had been seriously ill for 3 months in the past year, or if there had been an adult death in the past year. This had not happened in the households of 79.7% of the children enumerated.

A total of 2528 children or their caregivers (if the child was under 12) were interviewed. The pattern of ethnic distribution was similar between orphans and non-orphans and also reflected the distribution observed in the 1993 Census. Most were Gambians, 95.3%.

Orphans seen in the survey were being raised by relatives and not by strangers. Many had only lost one parents so were living with the surviving parent; many were also being raised by a sibling of a parent (‘aunt’ or ‘uncle’) or a grandparent.

Most children seen in the survey did not have a birth certificate, but no differences were seen between orphans and non-orphans. Orphans reported having received complete DPT3 and measles vaccinations more commonly than non-orphans.

Questions on schooling established that 73.7% of orphans and 76% of control children were currently in school. Orphans were more likely than non-orphans to have previously attended school but discontinued. The main reasons for discontinuing for orphans were being unable to pay school fees, and that a parent died, whereas for non-orphans the most common reason was that they failed academically. For orphans those who had never attended school similar reasons were given.

When asking about feeding it was found that most children reported having enough to eat. However orphans were significantly more likely to say that there were occasions when they had insufficient food (19.6%) compared to control children (14.1%). This suggests that a significant minority of orphans are ill-nourished.

There were few significant differences between orphans and non-orphans when asked about sickness experienced recently and healthcare received.

Questions on sexual relationships were only asked to children aged 12-17 years, and those questions on behaviour to those aged 15-17 years. No significant differences were seen between orphans and non-orphans. Most of the respondents had heard about AIDS, and knowledge of modes of transmission was high.

All those interviewed were asked whether the child has some basic material things like soap, clothing and shoes. Orphans were significantly less likely to have access to soap to take a wash, and significantly more likely to do their own laundry. Mattresses and bednets were also less commonly used by orphans than controls.

Those aged 6-17 years were asked about work outside the household. Only a small proportion of children reported working outside the household for money (12.3%, 10.0% controls). Patterns of receiving money from elsewhere, and how money was spent were similar for orphans and non-orphans.

Focus Group Discussions

A total of 56 FGDs were held:

- 12 with orphans
- 12 with non-orphans
- 6 with children found in the street
- 2 with children at SOS Children and Youth Village
- 19 with adult community members
- 5 with widows

There was considerable agreement about the terminology used in local languages for a child who loses a parent.

Within all communities respondents reported that children were losing their parents more frequently than before.

When parents die it is the responsibility of the extended family system to take over the care of the children left behind. While it is an obligation to do so, there were many people who realised that not everyone is willing to help orphans as they may have enough problems of their own already. People were concerned about the economic consequences of taking in orphans, and various coping strategies were discussed such as petty trading or gardening. The support of government and other organisations was commonly requested.

There were reported to be very few groups assisting orphans.

It was widely recognised that when a child lost a parent it created plenty of difficulties for them. The most commonly mentioned was the problem of paying for school fees and associated educational costs. Many orphans felt that the missed opportunity of education was one of the most difficult aspects with which to cope. There were also comments about orphans being at risk of having insufficient food, clothing and housing.

Differing views were expressed about the ways in which orphans are treated. It was recognised that orphans should be treated the same as one's own children, and while some reported that this was not always the case, others said that orphans were well treated.

A number of comments were made about the emotional consequences of losing a parent, particularly the mother.

Many community members reported that they involve children in decisions affecting them, while others reported the opposite. Some of the children agreed that they are consulted, and almost all felt that they should be involved in decisions affecting them.

Within the communities the general response when asked about abuse was that these things did not occur, however some cases were reported.

On the topic of sharing property after someone dies, most respondents referred to the fact that sharing was done according to Sharia law. In urban communities arguments about the alleged stealing of property in these circumstances was reported to be common. Widows reported that women don't know much about inheritance laws. The majority of widows supported the idea that parents should make wills, but the wider community members were less enthusiastic.

Many of the street children involved in the FGDs were 'almudos' (young boys who are Qur'anic scholars and are sent out to beg for food or money to support their living expenses). They are on the street to beg, and most were not happy with their situation. Other children found on the street were selling small items (e.g. water or plastic bags), and some of these children seemed to enjoy what they were doing. They realised that they were missing out on education. When asked about their future, and what they wished they could change, most mentioned education leading to better opportunities in life.

The members of the Fula community in URD were asked about their opinions on 'almudos'. They felt that such children learnt discipline and had good morals instilled in them, and they would earn blessings for the future. They did not support the idea of begging in the streets, and felt that these 'almudos' must be foreigners.

Stakeholder/ key informant interviews

A total of 21 organisations were visited in order to assess the availability and accessibility of existing services. The institutions were inventoried.

In general there are few programmes dedicated to OVC. Many of the organisations interviewed had activities for children that may reach OVC, and indeed may be targeted at 'needy' children but not orphans in particular. Notable exceptions include the SOS Children's Village (the only residential facility for orphans, destitute or abandoned children in The Gambia), CCF child sponsorship scheme and Standard Chartered Bank Child's Centre. Organisations working particularly with PLWHA include Hands on Care, Nganiya Kiling Society, Medical Research Council and Santa Yallah Support Society. ISRA have worked with 'almudos' and were involved in resettling marabouts and their students in rural areas which they continue to support. A number of government departments and institutions have a major role to play in supporting children, the vulnerable, and PLWHA.

Discussion and Conclusions

This situational analysis of orphans and other vulnerable children in The Gambia is the first attempt of its kind to identify the scale of the problem, the issues involved and assess the existing services provided. The results can also be used for planning improved and co-ordinated interventions for OVC, for thinking

about policy and legal reforms, and for comparison purposes at a later date.

Comparing the survey findings with census data from 1993 suggests a 42% increase in the prevalence of orphanhood among those aged 0-17 from 6.4% in 1993 to 9.1% in 2004. However in 2000 the MICS found that 8.0% of children under the age of 15 were orphans, compared to 8.1% in this survey. Community members seemed to believe that children were being orphaned more commonly than was the case in the past.

The survey results give us the ability to estimate the total number of orphans in The Gambia: 62,245. URD has the greatest prevalence of orphans. 13% of all children surveyed were not living with their parents in spite of the fact that they were alive.

Children are far more likely to lose their father than their mother, partly a consequence of large age differentials between husbands and wives. The traditional system of wife inheritance by the deceased's brother can be seen to be under pressure because of economic constraints and the advent of HIV/AIDS.

It has previously been estimated that there are 5000 AIDS orphans in The Gambia. This report revises this estimate to 7,000-10,000. The estimated total number of children affected by HIV/AIDS (based on the 2 major treatment centres figures) is 13,300.

Currently the majority of children are orphaned most likely for reasons other than HIV. But given the number of children who have lost at least one parent, The Gambia has a considerable problem regarding orphans and vulnerable children, which will be seriously exacerbated as the adults currently infected with HIV die and leave behind their children.

The extended family plays a major role in caring for orphans. This is considered an obligation, and it is almost universally the case in The Gambia that when a child is orphaned they are taken in by the family. While men may take on the 'responsibility' for the orphan, it is the women who provide the care. The basic coping mechanism for orphans is the extended family, but this system is under severe pressure by the extent of poverty, especially in rural areas of The Gambia. The additional costs of schooling are reported to be a major problem.

The results of survey show that becoming an orphan has serious consequences for a child, and may lead to reduced opportunities.

A number of comments were made in the FGDs about the difficulties caused by disputes over inheritance. The combination of the comments made regarding problems around inheritance and the fact that caring for orphaned children falls on women, as well as the inadequacy of existing inheritance laws, indicates a pressing need for law reform regarding inheritance.

Children working on the streets do appear to be vulnerable. Many of those interviewed spent long hours on the streets, and few had received much or any Western Education. Although most were not orphans these children did not have the same opportunities as others, and the 'almudos', as has been shown before, are particularly disadvantaged.

In terms of the response to the problems faced by OVC there are some existing services, but often not co-ordinated, and generally insufficient, given the scale of the problems being experienced. It is imperative that organisations involved work collaboratively.

The HIV/AIDS sector needs to incorporate OVC issues into national policies and strategies. Individual AIDS orphans have been dealt with by the agencies to which they present with compassion, but in the

absence of any national guidelines.

This report has shown that many children are vulnerable in The Gambia. Children who have been orphaned by AIDS may be discriminated against and deprived of basic human rights to education and health. But children who have been orphaned by other causes are no less vulnerable, and this is particularly relevant when looking at the needs of OVC in The Gambia where relatively few AIDS orphans have been identified to date. Children who are not orphans may also be vulnerable for other reasons, and where economic conditions are difficult this has ramifications for their education, health, well-being and safety.

Recommendations

Policy and Legal Framework

1. Study both the Sharia law of inheritance and the reformed English laws to facilitate the enactment of more suitable succession and inheritance laws for The Gambia.
2. Establish a legal framework on fostering which must take into consideration the socio-cultural background of the child.

Services

3. Provide free education and health care for all orphans under 18. This can be either by state and local government sponsorship or through local and international organisations or individuals.
4. Establish a formal school health programme.
5. Establish and encourage child-friendly reproductive health centres in all major and minor health centres.
6. Encourage agencies working in nutrition related programmes to identify and provide support to orphans.
7. Include the needs of orphans, vulnerable children and in particular the special needs of AIDS orphans in programming by government institutions and other agencies.
8. Strengthen families through community-based programmes.
9. Provide short-term support to families when children have lost their parents, to develop appropriate coping strategies.
10. Provide support to the most vulnerable (e.g. ‘almudos’) through the government health and social welfare system.
11. Encourage and support Early Childhood Development Programmes in communities.
12. Encourage VCT service provision, and the provision of antiretrovirals.

General

13. Aim for long-term goals of poverty alleviation. This will ensure that extended families are able to provide better care for orphans.
14. Ensure access to training on income-generating activities, micro-credit and markets especially for widows and carers of orphans.
15. Increase understanding of gender stereotypes and how they affect boys and girls.
16. Respond to the ‘almudo’ phenomenon through an educational approach rather than eradication by force, since it arises largely in reaction to rural poverty.
17. Sensitise alkalos, chiefs, ward counsellors and other elders on child rights issues so that incidence of child abuse can be reported and handled appropriately.
18. Strengthen the capacities of organisations working for and with OVC.

19. Foster linkages between HIV/AIDS prevention activities and support for OVCs.
20. Sensitise the general population about the issue of OVC, to encourage community-based support for those caring for OVC and for the children themselves, and for parents to plan for the future of their children.

Co-ordination

21. Set up a broad-based collaboration and co-ordination system to involve all stakeholders.
22. Create of a National Steering Committee on OVC.
23. Establish an orphan sub-unit or desk under the Child Welfare Unit of the Department of Social Welfare.
24. Computerise the data on OVC held at the Department of Social Welfare for planning monitoring purposes.
25. Create an OVC sub-unit at the National AIDS Secretariat.

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Abbreviations Used

ACRWC	African Charter on the Rights and Welfare of the Child
AFWORD	The Association for Women's Organisations in Rural Development
AIDS	Acquired Immunodeficiency Syndrome
BCG	Bacillus Calmette-Guerin (vaccination against tuberculosis given soon after birth)
CCF	Christian Children's Fund
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPA	Child Protection Alliance
CRC	Convention on the Rights of the Child
CRD	Central River Division
CRS	Catholic Relief Services
DPT3	Diphtheria, pertussis, tetanus vaccine (given at 3,4 and 5 months)
DSW	Department of Social Welfare
EA	Enumeration Area
FGD	Focus Group Discussion
GAFNA	Gambia Food and Nutrition Association
GER	Gross Enrolment Rate
HH	Household Head
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
ISRA	Institute for Social Reformation and Action
KM	Kanifing Municipality
LBS	Lower Basic School
LGA	Local Government Area
LRD	Lower River Division
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MRC	Medical Research Council
NACP	National AIDS Control Programme
NAS	National AIDS Secretariat
NBD	North Bank Division
NGO	Non-governmental Organisation
OSD	Orphans and Severely Disabled Children
OVC	Orphans and Vulnerable Children
PLA	Participatory Learning for Action
PLWHA	People living with HIV/AIDS
PTA	Parent-Teachers Association
PTCT	Parent-to-Child Transmission (of HIV)
RVTH	Royal Victoria Teaching Hospital
SITAN	Situation Analysis of Children and Women 2000 The Gambia
SPA	Strategy for Poverty Alleviation
SSA	Sub-Saharan Africa
SYSS	Santa Yallah Support Society
UN	United Nations
UNICEF	United Nations Children's Fund
URD	Upper River Division
VCT	Voluntary Counselling and Testing
WD	Western Division
WFP	World Food Programme

Background

Why are we concerned about orphans and vulnerable children?

More than 44 million children in 34 developing countries are likely to have lost one or both parents by 2010 (Children on the Brink 2000). Many of these deaths will be the result of HIV infection. Parents of young children in the developing world may also die for a number of other reasons. For women in the reproductive age-group in sub-Saharan Africa this includes maternal mortality, injuries, respiratory infections, cardio-vascular disease and tuberculosis (WHO Burden of Disease Study 2002). For men of these ages the leading causes of death in SSA after HIV/AIDS are injuries, tuberculosis and cardio-vascular disease. Where there is a large age-gap between the father and the mother, there is a high chance that the children will lose their father to natural causes before they have grown up.

International concern about the consequences of orphanhood has been rising as the HIV/AIDS epidemic has spread. Losing economically active young adults is devastating for families, communities and nations. The subsequent opportunities available to children who lose one or both parents must inevitably be affected. It is often said that young people are the future of a country, and it is clear that a childhood with limited opportunities will restrict the development of the individual. This has repercussions for their community and their country.

Orphans may be particularly vulnerable, but there are also other groups of children who may be disadvantaged that could suffer in a similar way. These include disabled children, those living in a household headed by an elderly person or a child, those not living with their biological parents, and those living in households where adults are sick or may die. Another group of children that need support are those living on the streets, who may often have left their family home as a consequence of losing a parent. Children growing up in vulnerable circumstances may be affected by poor nutrition, inadequate access to education, lack of emotional support, poor health and exploitation or abuse.

Since 1979 there has been a recognition that children are born with basic human rights. As a result there has been an increasing amount of work undertaken to ensure that all children enjoy these rights: the rights to survival, to health and education, to play and culture, to family life, to protection from exploitation and abuse of all kinds, to non-discrimination and to having his or her voice heard and opinions taken into account on significant issues. However some children are less likely to enjoy these rights, in particular those children who are orphaned.

Children in The Gambia

The Gambia is a small country in West Africa with a total population of 1.4 million (2003 Census). Those under 18 represent 50.4% of the total population, showing that there is a high dependency ratio in the country. Sixty-three percent of the population live in rural areas, where the main economic activity is subsistence farming. The UNDP 2000 Human Development Report ranks The Gambia as one of the least developed countries of the world: 161 out of 174 countries. The per capita income has been estimated at $300-320 per annum. The depreciation of the Gambian dalasi in recent times has added further difficulties to the economic situation of quite a number of people.

Since the early 1970s The Gambia has made significant progress in reducing infant and under-5 mortality rates. The infant mortality rate was estimated as 84 per 1000 births in 1993 and under-5 mortality 129 per 1000. This estimates represented a halving in the period 1983-1993, a notable achievement. However

mortality estimates from the 2001 Maternal Mortality Survey indicate scarcely any decline in levels of infant and child mortality 1993-2001; in this survey mortality levels were observed to be higher in rural than in urban areas. In addition malaria, diarrhoea, acute respiratory infection and malnutrition still pose significant challenges. The total fertility rate remains high at 6.0 per woman (Maternal Mortality Survey 2001)

The estimated annual population growth rate of 4.2% is attributed to high fertility, declining mortality and the effect of migration. Provisional results of the 2003 Population and Housing Census however, indicate a decline in the average annual growth rate with a 2003 average annual growth rate of 2.8%. Although empirical evidence hardly exists to support this assertion, anecdotal evidence indicates that over the years, with the attainment of peace in a number of West African countries that experienced political upheaval, many refugees have returned to their countries. This outward movement of refugees coupled with the return of many economic migrants to their native countries as a result of adverse economic conditions experienced in this country, in the recent past, may explain the decline in population growth.

Children are highly valued in the Gambia, an essential part of marriage, and a way for women to establish themselves in their husband's compound. Most families live in a traditional arrangement, in which several generations live together in a compound comprised of several households. In 1993 average household size was estimated as 9 people, but this varied from 11 people in the rural areas to 7 in the urban areas, on average. Provisional results from the 2003 Population and Housing Census show marginal changes in average household size across the country. Whereas at national level average household size remains the same, average household size for Banjul has declined by one person from 6 to 5 people. According to the provisional census results, average household size remained constant for the Kanifing, Brikama, Mansakonko and Kerewan Local Government Areas. Increases were recorded in average household size for the Kuntaur, Janjanbureh and Basse LGAs during the inter-censal period. Households are usually headed by the oldest male, and there are distinct gender roles in domestic and economic life.

In The Gambia it is not uncommon for children to lose one or both of their parents before adulthood. Fathers are often substantially older than their wives, and with high maternal mortality rates, there have historically been many reasons for children to lose their mother or father. Estimates of the numbers of orphans and AIDS orphans are made for the 'Children on the Brink' report: the figures quoted for The Gambia are 47,000 orphans, and 5,000 AIDS orphans. With the advent of HIV the number of children likely to lose one, or in due course, both of their parents is predicted to increase. In a traditional setting in The Gambia the extended family provides a mechanism for coping with children who lose one or other of their parents. However with increasing poverty and rural-urban migration, the extended family system is often under severe economic pressure and may not have enough resources to cope with care for additional children. According to the 1998 Household Poverty Survey, 69% of the population and 55% of households were poor.

HIV in The Gambia

An estimated 15,000 people are living with HIV in the Gambia, but many of these infections have not been diagnosed. Since the first reported case in 1986 over 3000 cases have been reported and over 1400 people have died. Originally HIV-2 was diagnosed more frequently than HIV-1 but this has now changed, and a rising number of people living with HIV-1 are being identified. Overall 54% of those diagnosed are female, 46% male but in the older age group there are twice as many men as women. The predominant mode of transmission is heterosexual, but most of those under the age of 15 have been infected through vertical transmission (mother-to-child).

Sentinel surveillance figures show that the prevalence of HIV-1 has been increasing, while that of HIV-2 remains stable. Results from 2001 showed the rate of HIV-1 infection was 1.2% and that of HIV-2 was 0.9%. There are regional differences in the infection rate, with prevalence higher in certain rural areas. Adolescent girls appear to be more likely to be infected than adolescent boys. The HIV/AIDS Strategic Framework 2003-2008 concludes that 'these epidemiological data show clearly that HIV-1 is on the rise in The Gambia with a higher prevalence in rural that urban areas' (HIV/AIDS Strategic Framework 2003-2008).

Internationally the mother-to-child transmission rate of HIV-1 in breastfeeding populations without access to antiretrovirals is between 21% and 43%, and that of HIV-2 is estimated to be 4%. From a study of 29670 pregnant women in 8 health centres in The Gambia comparable rates have been found: 25% and 4% respectively (O'Donovan 1994). As a result many children of parents who are HIV-infected are themselves negative, and of course children may also be born before the parent becomes infected. Many of these children are likely to become orphans, and may be particularly vulnerable in the Gambian setting because of the stigma associated with AIDS. 'Children on the Brink' estimates that there are 5000 AIDS orphans in The Gambia.

A study which followed up the children of 819 women recruited 1993-1995 in a study of the perinatal transmission of HIV gives useful data about the consequences of HIV on the mother and children. This study managed to trace 98 children of mothers with HIV-1 infection, 228 of mothers with HIV-2 and 448 children of women who were HIV negative in 1993-1995 (a total of 574 children). By 2001 15 of the 25 HIV-infected children had died. Looking only at the children who were not HIV-infected found that the HIV status of the mother did not significantly affect the child's chance of dying: an uninfected child of a mother with HIV was no more likely to die than the child of a mother who was HIV negative. Looking at the children of the 64 mothers who died, it was found that they were 6.9 times more likely to have died than the children whose mothers were still alive. This was equally true for the children of HIV positive and negative mothers. Many of these children were under the age of 5. This demonstrates the critical role a mother plays in a child's survival, especially in the early years (Schim 2003). It can be concluded that in the Gambian setting many children who lose their mother in their early years, for whatever reason, will not themselves survive. There are two likely reasons for this: for a breastfeeding baby the substitute feeding arrangements are unlikely to be as satisfactory as breastmilk, and for all age-groups the particular care and attention given by a biological mother to her child may be hard to duplicate by a foster mother.

National response

In response to the global concern about the issues around orphanhood, The Gambia set up an *ad hoc* National OVC Taskforce in February 2002. This group prepared the country paper for the Gambia's participation in the regional OVC workshop for West and Central Africa Region held in Yamoussoukro in April 2002. A draft national plan of action on OVC was developed at the Yamoussoukro workshop and the key activity on this plan of action is to conduct a national OVC survey to ascertain the magnitude, nature and dimensions of the OVC phenomenon in The Gambia. The OVC taskforce comprises Government Departments, the National AIDS Secretariat, the National AIDS Control Programme, UN Agencies, NGOs and human rights organisations.

The HIV/AIDS sector has identified the issue of OVC as a concern, with the 'increasing emergence of more vulnerable children as well as orphans in The Gambia' (HIV/AIDS Strategic Framework 2003-2008). In this framework it is planned that children affected by HIV/AIDS should have access to educational and nutritional assistance. To date AIDS orphans that have been seen at the two major treatment centres (Brikama Health Centre and MRC) have been dealt with on a case-by-case basis, with

input from Santa Yallah Support Society and Hands on Care. However there is not yet a strategy for dealing with vulnerable children in this situation.

Aim and objectives of the study

The terms of reference state that the aim of study is:

To understand the current situation of orphaned children in the Gambia and to assess current models of care in order to strengthen and improve strategies that aim to address the needs of individuals, households and communities dealing with orphanhood.

And that the objectives are:
1. To assess the number of orphans and other vulnerable children in the Gambia by, age, gender, type and residence.
2. Determine trends as far as orphans and vulnerable children are concerned and the number and impact of child-headed households.
3. Assess and analyse the circumstances surrounding their orphanhood in terms of their living circumstances, community support for AIDS affected households, the coping capacity and strategies of the community and family caring for them and determine which of their rights are not being fulfilled and why.
4. Identify community-based mechanisms for identification and monitoring of OVC and affected households.
5. Assess the availability and accessibility of existing services including education, health and social services.
6. Assess and analyse the policy, legal and programme environment for orphans.
7. Assess and analyse interventions, especially community-based ones that have the potential to be effective and sustainable on a large scale, identify success, best practice and areas of further development.
8. Produce concrete recommendations for policy and legal reform, for programme interventions and for strengthening the capacity of families and communities to care for the orphans.
9. Use the report of the study to generate national debate on OVC.
10. Use the study findings to facilitate the development of a Strategic Plan of Action (SPA) on OVC.

While the original purpose of the study had been to concentrate on orphans and other vulnerable children due to HIV/AIDS, the scope was widened to include all orphans and vulnerable children.

Definitions

Orphans

The internationally accepted definition of an orphan is as follows:
A child under 18 who has lost one or both biological parents

While this may be contested by some as a modern way of viewing the situation, it is clear that the loss of a mother or a father can have a great impact on the life of a child. Under Islam the loss of a father makes a child an orphan.

For the purposes of the survey carried out it was realised that girls under the age of 18 who have already married are treated differently to those unmarried if they happen to lose a parent. When a girl is married the responsibilities of her parents are transferred to the husband, and therefore if she loses a parent she is not as deeply affected by the practical consequences as those still unmarried. For this reason while it is accepted that all those under the age of 18 may be defined as orphans young married women were excluded from the analysis.

Vulnerable children

Vulnerable children are children who are at increased risk of not enjoying their basic human rights: the rights to survival, health and education, play and culture, to protection from exploitation and abuse of all kinds, and to have his or her voice heard and opinions taken into account on significant issues. Those living without the protection of their parents are clearly potentially vulnerable, but many children may be vulnerable for other reasons, such as disability or adverse circumstances in the household.

The working definition for OVC is as follows:

An **OVC** is a child below the age of 18:

i) *who has lost one or both parents, or*
ii) *is severely disabled, or*
iii) *lives in a household where at least 1 adult died in the last 12 months, or*
iv) *lives in a household where at least 1 adult was seriously ill for at least 3 months in the last 12 months, or*
v) *lives in a child-headed household (where the head of household is < 18 years old), or*
vi) *lives in a household with only elderly adults (i.e. the household contains only children <18 years old and adults >59), or*
vii) *lives outside family care (i.e. lives in an institution or on the street)*

Parents

All reference to parents (including the terms mother or father) means the biological parents (mother or father).

Severe disability

For the purposes of the survey severe disability was defined as any condition that was permanent, and significantly affected the daily life of a child, by restricting activities. These included:

- blindness
- significant speaking difficulty (this would include those who are totally deaf)
- physical disability (restricting activities)
- mentally challenged

In the National Disability Survey (1988) categories of moderate disability and impairment included for example partially sighted, problems gripping and difficulty lifting a hand above the head. These categories were excluded for the OVC survey, as such disabilities would be unlikely significantly to increase the chance that the young person would be potentially vulnerable.

Serious illness

For the purposes of the survey serious illness was defined as any condition significantly restricting daily activities.

Control group

When trying to understand if a population sub-group with a particular feature (for example children who have lost one or both parents) is different to the general population, it is useful to compare them to a population which does not belong to this sub-group (in this example children who have lost neither of

their parents). In the quantitative survey presented here orphans are deliberately compared to those children who are not orphans to see if there are aspects of their lives that are markedly different or not. The non-orphans in this survey are described as the ‘control group’.

Statistically significant

In the analysis of the quantitative data the non-statistical reader will occasionally see ‘p-values’ recorded in brackets, and this is then described as ‘statistically significant’ or not – and they may wonder what this means.

A p-value is the probability that when 2 indicators are compared that if a difference is found in the sample that is it not due to chance but a true reflection of a difference in the whole population. For example when orphans are compared to non-orphans

The smaller the p-value the more likely it is that there is a real difference between the 2 observations.

The standard level at which such a comparison is described as ‘statistically significant’ is when $p<0.05$. This means that you are 95% confident that the difference is real.

Household/ compound

The basic unit of analysis for the quantitative data is the household. In The Gambia this is a unit of people who are usually related to each other and who prepare food and eat together. They may sleep in separate buildings, located within the same compound. Typically a husband, his wives and children will form a household, but there may also be older relatives or non-relatives as part of the household. Individuals living alone can also be identified as a household.

The compound is a wider unit that incorporates the extended family that lives together as well as any visitors or tenants that they may have. The compound is usually physically demarcated, often by a fence, and may include one or several buildings. The senior male resident is usually the compound head. The compound is usually made up of several households, but may be made up of only one.

Review Of International Literature

The Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) describe the standards to which those responsible for the upbringing of children should aim. Children are entitled to special care and protection, and 'should grow up in a family environment, in an atmosphere of happiness, love and understanding'. Actions affecting children should always take the best interests of the child first; there should be no discrimination between children; special protection to the most vulnerable or needy must be provided, as all children have the right to survival and development; and the child has the right to have views considered and to participate in decisions affecting them, according to age and maturity. It is recognized 'that, in all countries in the world, there are children living in especially difficult circumstances and that such children need special consideration'. The State is expected to provide special protection for children who are deprived of a family environment.

International concern about the condition of children living in 'especially difficult circumstances' has been rising sharply in the last two decades. This appears to be the result of the awareness, in many countries, of the devastating social consequences of HIV/AIDS. Increasing numbers of children are living in households where adults are sick or dying, children are losing their mothers and their fathers more frequently than before, and some children are growing up without adequate adult care and supervision.

The Declaration of Commitment from the UN General Assembly Special Session on HIV/AIDS in 2001 (UNGASS) identifies children orphaned and affected by HIV/AIDS as needing special assistance. There is a commitment to strengthen the capacity of governments, communities and families to support such children, including provision of 'counselling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance'.

The UN held a General Assembly Special Session on Children in 2002 which resulted in 'A World Fit for Children', a document which sets out the goals and strategies which member countries should incorporate in National Plans of Action. These goals and strategies are derived from the CRC and the Millennium Development Goals (MDGs). The MDGs cover the following: eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and developing a global partnership for development.

The joint report from USAID, UNAIDS and UNICEF in 2000, 'Children on the Brink', describes the consequences of the epidemic for children: more than 44 million children in 34 developing nations will have lost one or both of their parents by 2010. HIV/AIDS is destroying years of improvements in economic and social development. The impact on children is enormous: their safety, health and survival are at risk. They are more likely to drop out of school, to be abused, to contract HIV themselves or suffer from poverty. Family coping mechanisms have been stretched to the limits of their capacity in some countries, and malnutrition has been frequently reported in these circumstances.

From a wide range of studies UNICEF has concluded that the consequences of orphanhood include: psychosocial distress, economic hardship, withdrawal from school, malnutrition and illness, loss of inheritance, fear and isolation and increased abuse and risk of HIV. 'Institutionalised care for the majority of children is not a preferred option. Resources are more effectively used in strengthening the abilities of extended families and communities to care for orphans and other children left behind'. UNICEF suggests that a response should be based on partnership at all levels.

UNAIDS has produced Principles to Guide Programming for Orphans and other Children affected by HIV/AIDS, which is a consensus on these issues, based on a human-rights approach for programming:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities
2. Strengthen the economic coping capacities of families and communities
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers
4. Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS and efforts to support orphans and vulnerable children
5. Focus on the most vulnerable children and communities, not only those orphaned by AIDS
6. Give particular attention to the roles of boys and girls, men and women, and address gender discrimination
7. Ensure the full involvement of young people as part of the solution
8. Strengthen schools and ensure access to education
9. Reduce stigma and discrimination
10. Accelerate learning and information exchange
11. Strengthen partners and partnerships at all levels and build coalitions among key stakeholders
12. Ensure that external support strengthens and does not undermine community initiative and motivation

The World Bank has also identified the rise in numbers of 'at-risk children' (the consequence of AIDS, warfare and migration) as a major threat to social development. 'Such children face heightened risk of malnutrition, mortality, morbidity and psychosocial damage. The extent of a child's vulnerability depends on a number of factors: whether they have been infected themselves with HIV, whether they have relatives willing to care for them, whether they are allowed to go to school, how they are treated within the community, what degree of psychosocial trauma they have suffered from their parents' death, what responsibilities they are left with (i.e. younger siblings) and so forth'. Good practices recommended include: informal fostering, education and health subsidies (to promote fostering), family tracing and reunification, and institutional care (as a last resort). 'Interventions need to be carefully chosen to: a) address the specific risks faced by orphans in a given country environment, and b) strengthen rather than supplant existing community coping strategies'. The World Bank has produced a Child Needs Assessment Tool Kit that gives information on the scale of the problem, magnitude of the needs and coverage of current programmes.

Family Health International describes how there is no easy solution to consequences of HIV/AIDS on families, but feel that lessons can be learnt from past experiences. These included:

1. Appropriate government policies are essential to protect OVC
2. OVC need access to appropriate healthcare
3. OVC need socioeconomic and psychological support
4. Education is vitally important in offering OVC a chance for their future
5. A human rights-based approach is essential
6. Community-based programmes are most appropriate (essential to strengthen their care and coping capacity; more effective than institutional care for orphans)
7. Involve children and youth as part of the solution not part of the problem
8. Build broad collaboration between key stakeholders
9. Use a long-term perspective
10. Integrate with other services
11. Link care and prevention

An international study on the experience and the impact of poverty on children from CCF shows how

global trends are having a devastating effect on children's lives. They conclude that there is some merit in focusing limited resources on children who appear especially vulnerable, but stigmatisation needs to be avoided, and solutions should not be imposed from outside. Poverty interventions and policies should be driven by children's diverse experiences and perspectives.

To conclude, the international literature emphasizes the scale of the problem of orphans and vulnerable children, seen largely as a consequence of HIV/AIDS. As such it is seen to threaten both individual child development and national development. The responses needed vary among communities and countries, as the impact depends on many local factors. For interventions to be effective it is essential to understand these factors, and for the organisations involved to work collaboratively. They need a shared understanding of the problems they are facing and the most appropriate response. It is for this reason that many countries have commissioned a situation analysis concerning orphans and vulnerable children.

Review Of Gambian Literature On Children

The Government of The Gambia and UNICEF have produced Reports on the Situation Analysis of Children and Women in 1992, 1997 and 2000. The most recent report was conducted within a human rights framework: and thus goes further than examining the problems faced by women and children *per se* by providing analysis of the *causes* of these problems. The improvements in mortality (described above) are thoroughly explored, and the challenges of health for mothers and children and of education are described. Two groups of major actors in guaranteeing the rights of the child are described: the mother/primary caregiver and the extended family; and the local communities, the state and the international community. The report emphasises the critical role of the biological mother in securing the well being of a child, but notes that in the absence of the mother a primary caregiver (from the extended family) can take over responsibility for the child's physiological, emotional and cognitive development. 'The status and capacity of the mother, primary caregiver, and the extended family are immediate factors in determining the rights of the child, particularly at a young age' (p.20 SITAN 2000). Constraining factors at the household level include the environment (water, sanitation, prevalence of disease, location and condition of household), household structure, socio-economic status, and traditional and religious beliefs. At the wider level many forces influence the well being of a child, including traditional social organisation and structures, the role of the government and the international community.

This conceptual framework, described in Chapter 1 of the SITAN 2000, can be useful in thinking about the possible reasons for vulnerability especially as may be experienced by orphans: 'the mother's status is the most significant guarantor of life, survival and development of young infants and under-five children, her position and role is in a large part influenced by constraints she is faced with within the society she lives' (p.59 SITAN 2000). The consequences of orphanhood are not explored in detail in this report, which notes that the extended family will step in to care for a child when a mother dies, but does not consider the results of this for the child concerned. The report also discusses the relatively common practice of 'informal fosterage' where a child does not live with biological parents, and describes this as 'not always necessarily carried out in the best interests of the child' (p. 65 SITAN2000), and that research is needed in this area. Other sections of the report cover the issues of child labour and street children.

In The Gambia the label of 'street children' is used to describe those children under 18 years old who spend most or part of their day on the streets and do not go to school. Most of them are street vendors, shoe-shiners, 'almudos' (young boys who are Qur'anic scholars and are sent out to beg for food or money to support their living expenses) or labourers. In 1995 a report was produced entitled 'Street children in The Gambia', which included interviews with 338 children in urban areas (104 of whom were 'almudos'). It was found that most of these children were not actually sleeping on the streets but returned to a home at night where a meal would be provided; about a third of the sample were actually living with a parent. However many had not lived with or had contact with a parent for a long time, and many appeared underfed. With the exception of the 'almudos' the major reason for being on the street for these children

was economic: the family could not afford to send them to school, and most of them were contributing to the family income through selling or providing services on the streets. The mean age of the children interviewed was 12.1 years, and about a third had been to school at some point in the past. The majority of street children were Fulas (54%), but this was influenced by the fact that almost all the 'almudos' were Fula (93%). For 12% of these children the father had died, and for 3% the mother. The 'almudos' appeared to be the most disadvantaged of the street children (lack of family contact and care, low income, lack of education, long hours in the street, poor health, poor physical appearance etc.), and 41% of them claimed to be Gambians.

A recent Study on the Sexual Abuse and Exploitation of Children in The Gambia (2003) acknowledges that sexual abuse and commercial sexual exploitation of children is a growing phenomenon in The Gambia. The study found that there is no simplistic predictor of which children will end up as victims of sexual exploitation. However many of those interviewed had experienced actual or perceived abandonment by parents, care-givers and husbands. Part of their vulnerability is described as the consequence of poverty in the face of growing consumerism and global media, so that adults can take advantage of their poor economic circumstances and ambitions for material wealth.

A study carried out in 1999 known as The Adolescent Health Survey found that a high proportion of young people were sexually active (42% of all those interviewed aged 14-24) but in general, knowledge about reproductive health and the use of contraception was low (68% of males at first sex used family planning, and 9% of females). Major concerns for the young people interviewed were unemployment and economic difficulties, and this was one reason given for unplanned pregnancy among adolescent girls. Other reasons for non-use of contraception were lack of access, and that sexual activity was not planned in advance. Knowledge of and attitudes towards HIV/AIDS were in general positive.

A Socio-Cultural Study on HIV/AIDS in The Gambia was carried out in 2002, and reinforced many of the findings of The Adolescent Health Survey: early age at first sex and low use of contraception. Almost of a third of young people admitted to having casual sex partners in the past month. The study highlights the need to empower women, the severe consequence of poverty, and the need for the country to take HIV/AIDS seriously.

The reports of The Gambia on the Convention on the Elimination of All Forms of Discrimination against Women seek to describe the status of women vis-à-vis the CEDAW convention. The application of the convention in the country is described: the legal situation, policy measures undertaken to eliminate discrimination, cultural patterns that may lead to discrimination and so forth. One of the major conclusions is that educational enrolment for girl-children and literacy rates for women remain much lower than those of males, and this is described as 'the major stumbling block in the advancement of Gambian women' (p.30). Many girls of school-going age are being forced to get married. The conclusion is that significant improvements have been seen in the advancement of women since the ratification of the Convention, yet there is considerable room for improvement, and the challenges are described as 'overwhelming' (p.59).

The Initial Report of The Gambia on the Convention on the Rights of the Child argues that it would be useful to provide a uniform legal definition of 'a child' within the laws of The Gambia. The CRC requires the protection of children without a family, and the report describes how the extended family system has served as the most effective source of support for most orphans in The Gambia. However there is seen to be a gap in the legislative framework for the protection of the right of children deprived of a family environment, specifically for children born out of wedlock. The monitoring of informal adoption, described as a common practice in The Gambia, is not up to the desirable levels contemplated by the Convention. The report also discusses the issue of street children, and 'almudos' in particular, concluding that there is a compelling need for legislation to keep these children off the streets.

The National Disability Survey of 1998 covered about a quarter of the Gambian population, finding an overall prevalence rate of disability of 1.6%, with higher prevalence for males and for the rural areas. Among children aged 2-18 the prevalence was 0.99%, and the most significant problems enumerated were significant speaking problems and significant physical mobility problems. The majority of these children were reported to have become disabled as a consequence of 'disease'. Over two-thirds of the disabled children were not attending mainstream or Madrassa school, and disabled girl-children were particularly disadvantaged in this respect.

A study of the fertility and reproductive health of both men and women in 21 villages around Farafenni (Ratcliffe 2000) took a sample of 1315 men and 1621 women. It found that on average men were aged 38 years when their children were born, whereas the women were aged 24. The men reported that 92% of their children born in the previous 5 years were living with them, and 78% of their children born in the previous 20 years were still living with them. Women were less likely to report that their children were still living with them: 83% of those born in the previous 5 years, and 65% of those born in the previous 20 years. Among those men currently married, 40% had more than one wife, and among those ever-married, they had been married on average 2.09 times. Men's fertility peaked at the ages of 45-49, and even in the age rage 60-74 years, approximately 10% of men continued to father a baby every year. The mean age at first marriage for women was 15 years, and for men it was 25 years. While these findings cannot be taken to be nationally representative, they give a useful picture of the situation in many of the rural parts of the country.

Findings from successive studies of poverty in The Gambia show persistently high levels of poverty in the country. Poverty as measured both in terms of ownership of assets and income levels has in general been on the increase over the past two decades. Results of the first national poverty study (ILO, 1989) showed that 40% of the population lived below an estimated food poverty line and 60% below overall poverty line. Results of the 1992/93 Household Economic Survey estimated that 18% of the population was extremely poor and 34% below the overall poverty line. A subsequent national poverty survey in 1998 revealed that 30% of the population was extremely poor and 47% found to be below the overall poverty line.

Poverty profiles in The Gambia reveal geographic and gender disparities in the prevalence of poverty. The 1998 survey results showed that whereas 35% of rural households fell below the food poverty line, 15% of those in urban areas and only 4% of those in the Greater Banjul Area fell below the food poverty line. In general, poverty was found to be more prevalent in Lower and Upper River Divisions. The studies also revealed that poverty is more prevalent and severe among women than men. Across socio-economic groups, groundnut farmers were found to have the highest rates of poverty as observed in the poverty studies conducted in the country. Since most of these farmers are found in the rural areas, this, partly, explains the high incidence of poverty in the rural areas. The Government of The Gambia is currently addressing poverty alleviation through a strategy that aims to increase national income through stable economic growth, and by reducing income and non-income inequalities through specific poverty reduction priority interventions.

CCF have instigated cross border initiatives between villages in the Western Division of The Gambia and those in Casamance/ southern Senegal. Rebel attacks on the Casamance side have led to civil unrest, and refugees arrive periodically in The Gambia. The economic consequences are particularly severe for children. CCF facilitated dialogue between 12 villages, which led to the identification of problems, coping strategies and proposed solutions. These included a number of issues which were affecting the lives of children.

Review Of Existing Gambian Policies And Laws Regarding Children

The Government of The Gambia has ratified the UN Convention on the Rights of the Child (CRC) in 1990, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1992, the African Charter on the Rights and Welfare of the Child (ACRWC) in 2000, the ILO Conventions 182 and 138 (regarding the worst forms of child labour and a minimum age for employment). They have signed but not ratified the two optional protocols for the CRC (on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflict).

Social Welfare Policy 2002

The Social Welfare Service in The Gambia dates back to 1947. Their areas of responsibility include: working with the courts, prisoners and ex-prisoners, provision of poverty relief, rehabilitation for persons with disability, child protection work and assistance to patients and others with social problems. Guiding principles are as follows: child rights, equity, gender equity, ethics and standards, empowerment, communications, partnerships, integration, client satisfaction, cultural identity and decentralisation. Three units have been set up for the delivery of services to children, adults and the elderly, and persons with disabilities.

Amongst the objectives are the following:

a) To establish a unit responsible for the survival, protection, participation and development in respect to child rights in order facilitate the planning necessary for the proper implementation of the CRC and the ACRWC.
b) To create an enabling legal environment for a Child Friendly Gambia.

National Policy for Children 2004-2008

The present policy strives towards creating a 'Gambia Fit for Children', by helping the child and the adolescent in their growth and acquisition of maturity through support to the family as a chosen place for growth and socialisation; supporting preventive interventions, and creating linked and effective services that are able to promote the well-being of children in The Gambia' (p.5). As such the guiding principles are described:

a) the best interests of the child shall prevail
b) non-discrimination and equal opportunity shall be enforced
c) every child shall be provided with a family-type living environment
d) child promotion and protection shall be based on decentralisation and community participation
e) the principle of solidarity should ensure the spirit of dignity, freedom and respect for all, while prioritising the most vulnerable
f) interventions should take multi-sectoral and interdisciplinary approaches
g) the principle of partnership should underlie all interventions

Some of the sub-sector policy components have particular relevance for OVC:

a) Protection of Children deprived of a Family Environment

   It is recognised that there are increasing numbers of children deprived of a family environment and that facilities and services are inadequate. This can be addressed by allocation of resources, review of institutions and the encouragement of NGOs and the private sector.
b) Adoption and Foster Care

Informal adoptions and foster care are still common, and the government needs to prevent the abuse of these practices and strengthen administrative procedures for formal adoptions.

c) Equality of Opportunities for Children with Disabilities
   Facilities and services for children with disabilities are inadequate, and need to be improved.

d) Right to Adequate Standard of Living
   Due to widespread poverty, an increasing number of children cannot enjoy the right to an adequate standard of living, including children belonging to poor families, street children, child beggars, refugee and asylum seeking children, and children living in remote rural communities.

e) Protecting Children against Abuse, Exploitation and Violence
   Certain categories of children in The Gambia are particularly vulnerable or susceptible to non-respect of their rights to physical, emotional and cognitive development. They include but are not limited to the girl-child, disabled children, children from extremely poor families, orphans and, increasingly, refugee children. By virtue of belonging to a particular social category these children are often victims of discrimination or practices such as child labour, which inhibit the full development of their potential. The number of street children is high and increasing. These children have limited access to health, education and other social services; they may also be in conflict with the law and vulnerable to sexual abuse and economic exploitation. Moreover, an increasing number of these children are also victims of commercial sexual exploitation, including prostitution and pornography.

Draft National Plan of Action for a World Fit for Children

The Programme of Action analyses the situation and prospects of children and adolescents in The Gambia in the 21st Century and adopts the goals and strategies of the Declaration and Plan of Action for 'A World Fit for Children'. The Programme phases the goals over two development planning periods (2004-2008 and 2009-2015), estimates funding requirements, and indicates how Government proposes to implement and monitor progress towards achievement of the global goals.

The Programme has four major components – Promoting Healthy Lives; Providing Quality Education; Protecting against Abuse, Exploitation and Violence; and Combating HIV/AIDS. Orphans are identified as a priority group, seen as especially vulnerable in the context of HIV/AIDS.

Education Policy 2004-2015

A new policy has recently been drafted. The 2004-2015 education policy aims at improving access, quality and relevance of education. One of the principle objectives of the education policy is to achieve nine uninterrupted years of basic education for every Gambian child with at least 50% transition to secondary education.

The Western education system lies in parallel to an Arabic system, known as Madrassa, which since 2001 has had to incorporate subjects stipulated by the Department of State for Education. The new policy has re-defined basic education to embrace the Madrassa system. Total educational enrolment grew at an average annual growth rate of 8% between 1990/91 and 1996/97 and at 4% per annum for the period 1996/97 to 2000/03. While there is some debate about the population size on which to base the estimates, the Gross Enrolment Rate (total enrolment as a proportion of relevant school age population) increased from 70% in 1996 to 91% in 2003. Approximately 10% of children registered at school are at Madrassa. In this period girls' enrolment grew at an annual rate of 6% while that of boys grew by only 2%. This trend resulted in the growth of girls' GER from 61% to 71% in 2000. The GER for boys increased from 79% in 1996 to reach

82% in 1998, but then declined to 77% in 2000. One result of the change is that in formal lower basic schools, girls now represent just under 50% of enrolment. In Madrassas, boys are 54% of the total. The upper basic and senior secondary levels still have fewer girls, though this is gradually changing.

While there has been success in increasing school enrolment there is difficulty retaining teachers, and in the quality of education. There is growing demand for the need to improve the learning achievements of children, which were met by only 10% and 6.7% of a sample size of 25% of Grade 4 students in the areas of English and Mathematics respectively. Such alarming low achievement levels mostly affect the rural schools, which continue to attract fewer trained teachers. In addition, poor housing conditions and inadequate incentives for teachers are factors responsible for the poor retention of trained and qualified teachers in rural areas.

Adoption Act 1992

This act sets out the formal laws about making adoption orders through the court system. It does not appear to discuss the fostering of children nor to stipulate the arrangements that should be put in place when a child is orphaned, unless this child is then formally adopted. Where a biological parent is available their consent must be sought unless they have abandoned/ neglected/ ill-treated the child, are incapable of giving consent or unreasonably with-holding consent, or the child has been brought up for the past 2 years by the applicant.

Youth Policy 1998 – 2008

The National Youth Policy of The Gambia is a major effort to mainstream youth development within the National Development Framework, and to highlight youth issues as concrete inputs into the national development agenda for years to come.

The major conclusion of the policy is that the most disadvantaged segment of the youth population deserves special attention through a clearly articulated system and structure, with objectives and strategies integrated in a programme framework.

National HIV/AIDS Strategic Framework 2003 – 2008 (draft)

This comprehensive strategic plan looks at the present situation regarding HIV/AIDS and describes the actions needed to stabilise the prevalence of HIV and to support those living with or affected by HIV/AIDS. The response to the epidemic is described as evolving from disease-focused to a development perspective, so that a multi-sector response will ensure the achievement of the socio-economic goals described in Vision 2020. Vulnerable groups must be given priority in order to stabilise the prevalence rate.

The relatively low prevalence of HIV in The Gambia has not as yet led to much awareness about the needs of AIDS orphans, nor to any sizable group of children documented as such. The Strategic Framework describes the increasing emergence of vulnerable children as well as orphans in The Gambia, not only as a consequence of AIDS but for other reasons as well. Having lost a parent the child is rendered socially and economically vulnerable which may put them at risk of HIV themselves. It is therefore important that efforts are made to support orphans before their vulnerability leads to the acquisition to HIV.

For children affected by AIDS, the document emphasises they should have access to educational and nutritional support, with a target of 50% of those in need to be reached. Another target set out is reaching 50% of AIDS orphans with access to adequate integrated community-based support including legal protection.

In order to control the prevalence of HIV many activities are described which aim to raise the awareness level of all young people.

National Nutrition Policy

The goal of the policy is to attain the basic nutritional requirements of the Gambian population. Among other things, the policy addresses breastfeeding, food security, malnutrition and caring for the socio-economically deprived and the nutritionally vulnerable.

Inheritance Laws

In The Gambia existing inheritance laws are both inadequate and obsolete. According to an official of the Curator's Office, the Act establishing the office of the Curator of Interstate Estate was enacted in 1908. This Act was originally meant to administer properties of personnel of the colonial office who died without leaving a will. Although inadequate, the current Curator's Office presides over issues of inheritance based on this Act and other relevant Acts. According to the Curator, issues of inheritance for non-Muslims are decided based on common law provisions and those of Muslims are decided based on Sharia (Islamic Law). The Curator's Office mainly manages property left behind by deceased persons. On the other hand, the Cadi's court established in 1906 was meant to preside over cases related to marriages, divorce, custody, maintenance and inheritance. Cadis preside over matters of inheritance for Muslims based on Sharia.

Probably due to the inadequacy of the current inheritance laws in The Gambia, problems existed between the Curator's Office and the Cadi Courts on matters of inheritance. This emanated from conflicts on what was to be considered within the jurisdiction of either offices. This often occurred when a matter being reviewed by one office is also reported by the plaintiff to the other, resulting to differences in judgment in some cases. According to both the Curator and the Principal Cadi this happens when the aggrieved parties are dissatisfied with the first judgment and decides to refer their cases to the other office. In the recent past however both the Curator's Office and the Cadi Courts have been trying to interact more often to minimize such misunderstanding.

Regarding how the property of a deceased person is shared among surviving members of the family, the Curator opined that for non-Muslims it is pretty straightforward but can be complicated for Muslim families. Where a Will exists for non-Muslims, property is shared according to the Will and where it does not exist property is shared according to common law. According to the Curator, his office has been approached by some non-Muslim families to execute their Will. Sharing of property of a deceased person is based on the 4th Chapter of the Holy Qur'an (Surah An-Nisa) Verse 11 which reads; "Allah commands you as regards your children's (inheritance): to the male, a portion equal to that of two females; if (there are) only daughters, two or more, their share is two-thirds of the inheritance; if only one, her share is a half. For parents, a sixth share of inheritance to each if the deceased left children; if no child, and the parents are the (only) heirs, the mother has a third; if the deceased left brothers (or sisters), the mother has a sixth. (the distribution in all cases is) after the payment of legacies he may bequeathed of debts"**.**

According to the Principal Cadi, from the Islamic point of view; “a person has a say over his/her property only during his/her life time. As soon as a person dies all that he owned during his/her life time becomes the property of the family”. Properties of deceased persons are therefore shared as prescribed in the Holy Qur’an. The Cadi however indicated that children born out of wedlock can only inherit from their mothers and not from their fathers. This is because Islam does not accept the paternity of children born out of wedlock Both the Cadis and the Curator lamented that fact that such children who may require some of their parent’s property are denied access to such property because of Sharia prescriptions. Such decisions, according to the officials, are often unpleasant decisions they have to take at the detriment of the child.

Maintenance of Children Act 1988

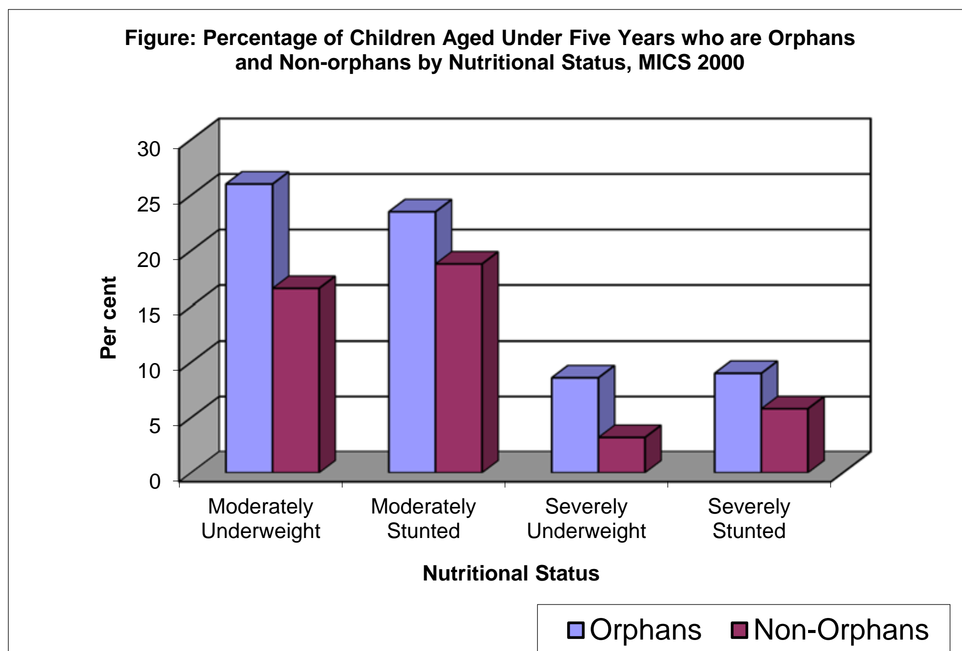
The parent of a child is bound to maintain his child whether legitimate or not. The Act also provides for the determination and acknowledgement of paternity. It imposes an obligation on the parent or other person legally responsible for the child to maintain the child, and imposes certain sanctions for failure to do so. This Act also deals with custody of a child where the parents are divorced. It provides that in determining custody, ‘the best interest of the child’ shall have paramount consideration.

Review Of Existing Gambian Data On Children

In order to establish the incidence and basic situation of orphans and vulnerable children in The Gambia it was necessary to review existing data, before conducting a national survey to fill the gaps. Data available from the National Population and Housing Census of 1993 and the Multiple Indicator Cluster Survey (MICS) study of 2000 provided useful information relevant to the investigation, particularly in indicating trends. However data from the census conducted in 2003 were not available, and were unlikely to cover all of the aspects required, therefore a national data collection exercise was needed. Census data of 1993 showed that 6.36% of all children below the age of 18 were orphans (had lost mother or father, or both).

Findings from the MICS 2000 showed that 73% of children aged 0-14 were living with both their parents, 9% living with mother only although father is alive, 6% living with neither parent although both are alive. Ten percent were found not to be living with a biological parent and 8% of those aged 0-14 were found to have one or both parents dead. It was found that fewer children were living with their parents in the Banjul LGA compared with the rest of the country.

The MICS findings further show that a significant proportion of children in The Gambia are malnourished with 17% of children aged under-five being underweight or too thin for their age. According to the results of this survey 19% of children are stunted or too short for their age and 8% are wasted or too thin for their height. The survey results indicated that children whose mothers have secondary or higher education and those of women in the richest quintile are least likely to be underweight and stunted than children of less educated women and those in the poorest quintiles. The results further show that an orphan is more likely to be malnourished than a non-orphan. Whereas 26% of orphaned children aged under five years were found to be moderately under-weight, 16.6% of non-orphaned children were under-weight (MICS, 2000). On the other hand, 8.6% of orphaned children were moderately stunted compared to 3.2% of non-orphaned children. For severe malnutrition, orphaned children are more likely to be severely malnourished than non-orphaned children.



Birth registration coverage in The Gambia is extremely low with only 32% of births of children aged less than five years being registered (MICS, 2000). Children of women with higher education are more likely to have their births registered than children of women with lower levels of education. Similarly, births of

children from the richest wealth index category are more likely to be registered than children from the poorest wealth index category.

The Gambia has one of the best immunisation coverage rates in Africa. According to results of the MICS almost all (99 per cent) children aged 12-23 months received BCG vaccination by the age of 12 months with the first dose of DPT administered to 97 per cent of these children. Sixty per cent of children had all eight recommended vaccinations in the first 12 months of life. This high vaccination coverage is probably one of the contributory factors to the rapid decline experienced in infant and child mortality in The Gambia in the recent past.

Engaging children in some form of labour is a common phenomenon in The Gambia. Although there may be some economic considerations which lead to the involvement of children in work, in most cases this is viewed as part of the process of socialising children. The MICS results indicate that only 2 per cent of children aged 5-14 years were engaged in paid work and 4 per cent participate in unpaid work for someone other than a household member. Regarding domestic work, the MICS results showed that 43 per cent of children were engaged in this type of work. Overall, the MICS results indicated that 27 per cent of children were currently working at the time of the survey. The results indicated that boys were equally likely as girls to be engaged in some kind of work. It is worth noting that rural children were found to be more than twice likely to work than urban children.

Methodology

A situation analysis of orphans and vulnerable children has not been carried out in The Gambia before. The first step was to carry out a review of the international literature on OVC, the Gambian literature on children, existing Gambian policies and laws regarding children, and existing Gambian data on children. This allowed a thorough understanding of the experiences of other countries, as well as the background situation in The Gambia. Subsequently, the relevant literature from other countries on carrying an a situational analysis on orphans and vulnerable children was reviewed in order to develop an appropriate methodology. The sample design was developed with use of locally available data, and the support of the taskforce.

General Outline of Data Collection

The wide-ranging terms of reference for this situation analysis emphasised the need for both quantitative and qualitative research tools. The objectives included the collection of statistical information about prevalence of orphans and the circumstances in which they live, the perceptions of children and the community about their situation, and assessment of models of care and the programmatic environment. In addition orphans and vulnerable children can be found in a wide range of environments and in many different circumstances, so it was important to use a range of research tools. The methods chosen were:

1. a nationally representative **survey** which included interviews at household level using structured questionnaires;
2. **focus group discussions** with members of the communities, including orphans and non-orphan children; children in institutions and on the streets;
3. **interviews with stakeholders** and other key informants.

Survey Design

As indicated earlier, data on orphanhood in The Gambia is scanty. In order to select a realistic sample for the purpose of studying the state of orphans it is important to estimate the number of orphans in the country. For the purpose of this study the 1993 Population and Housing Census dataset was used to estimate the proportion of children aged under 18 years who were orphans. From the census data it was found that 6.36% of children below the age of 18 were orphaned, i.e. they had lost either their mother, their father, or both parents. Although with improvements in survival over the years it might be expected that the proportion of orphaned children might have declined, the decline may just be marginal and could not substantially affect the sampling errors.

The most recent sampling frame available is the 2003 Population and Housing Census list of enumeration areas (EAs). With 2,477 EAs, it was observed that taking 2.5% of the EAs would be sufficiently representative as well as cost effective for this survey. This sampling fraction amounted to 63 EAs, distributed by Local Government Area with the probability of selection proportional to size. With all households visited within these 63 EAs an estimated 4,000 households, and 1000 orphans were to be contacted during the data collection exercise.

This sample design is quite satisfactory in view of the fact that a manual provided by UNICEF on Sampling Orphans and Other Vulnerable Children indicates that in Sub-Saharan Africa despite the effect of AIDS on adult mortality only about 4.4% of children aged less than 18 are orphans. The manual further indicates that household surveys designed to estimate, with moderate reliability, the number or proportion of OVC require sample sizes of about 1,000-2,100 households, and that in Sub-Saharan Africa

to capture 1,000 OVC, an estimated 3,800 households need to be contacted. Following the recommendation of this manual, the number of households contacted during this survey is more than adequate to give a representative picture of OVC in The Gambia.

During the survey, all household members within the selected EAs were listed and all orphans and disabled children selected for interview, together with 10% of all other children as a 'control' group for comparison. For those aged under 12 years the caregiver was interviewed, and for those aged 12-17 years the children themselves were interviewed. All household heads from households from which a child was selected were also interviewed. It was ensured that interviews were carried out in private, where the conversation could not be overheard, and all participants were promised that the data collected would remain confidential.

The interviews covered the situation of children within compounds: the family structure and relationships, whether children are resident in the compound without their biological parents; reasons for loss/absence of the parent; (whether there are parents who are seriously ill); the socio-economic situation prevailing in the compound, and welfare factors pertaining to the children (i.e. whether they are attending school, where and with whom they sleep, including total number in a room, who takes responsibility for them if they are ill etc.)

Training

Since the OVC survey was the first of its kind in The Gambia, highly experienced enumerators and supervisors were recruited for this exercise. This was aimed at ensuring that experienced field staff would quickly understand the survey instruments and also be able to relate to orphans and vulnerable children with a high degree of professionalism.

Training of enumerators and supervisors lasted for five days. The first phase of the training was aimed at acquainting the field staff with the rationale for the survey, survey methodology in general and the questionnaires to be completed during data collection. This process lasted for three days during which, with the guidance of the consultants, all the questionnaires were reviewed. Questions needing clarification were extensively discussed. To ensure the full participation of all, questions were addressed to participants. Since the questionnaires needed to be directed to the mainly illiterate potential respondents some sessions of the training were dedicated to translation of the questionnaires into the three main local languages (Mandinka, Fula and Wollof). All enumerators and supervisors were given the opportunity to translate the questions into languages of their choice. This exercise was aimed at ensuring a common understanding and interpretation of the concepts in the questionnaires. Several mock interviews were also conducted which were observed, and comments made on how well the interviews went and improvements recommended.

A day was allocated for the pre-test of the questionnaires. This pre-test was aimed at assessing the quality of the questionnaire and also exposing enumerators and supervisors to its practical administration. The pre-test was conducted in a selected enumeration area in Sinchu Alagi. Following the pre-test a day's session was held to share experiences of the exercise, assess enumerators and supervisors understanding of the questionnaires and determine the quality of the questionnaires. During this exercise misconceptions were identified and addressed, and some of the shortcomings of the questionnaires also discussed and remedies identified.

Since it was difficult to determine the potential workload for the field staff at the point of training it was agreed that training on Focus Group Discussions (FGD) be postponed until later. It was decided therefore

to hire the services of a person with experience in the conduct of FGDs, to co-ordinate this data collection exercises..

Field Work

To ensure good coordination and ease of mobility, four distinct teams were put together for the data collection. Each team comprised five enumerators and a supervisor, including men and women. Team 1 was assigned all enumeration areas in Banjul and Kanifing Municipal Areas; Team 2 was assigned all EAs in the Western Division; Team 3 covered all EAs in North Bank Division, all EAs in Lower River Division, an EA in Central River Division (south bank) and some EAs in Central River Division (north bank); Team 4 covered the rest of Central River Division and Upper River Division. Each team worked on one EA at a time and only moved to another upon completion of the data collection within each EA. This arrangement minimized travel between EAs and gave the supervisors time to make spot checks on enumerators and also send them back to the field if necessary to rectify errors made in the process of completing questionnaires.

FGDs

During the second week of data collection it was possible for the field staff to handle the FGDs together with the other interviews. The FGD co-ordinator teamed up with the team supervisor and one enumerator to conduct the discussions in the respective enumeration areas. The survey team identifying the most suitable respondents from the household listings.

Focus group discussions were conducted in two communities within each local government area with:

- orphans
- widows
- non-orphaned children
- men
- women

It was anticipated that the knowledge and perceptions of the issues would be captured from a range of different urban and rural communities, all ethnic groups being covered. The focus group discussions were conducted after a household listing within an EA had been completed, in order to identify participants that fell into the different categories. However during the analysis of the FGD transcriptions it was realised that the information captured was predominantly from Mandinka communities with a few Wollof, hence additional focus group discussions were held in Fula, Jola and Serahuli communities.

Focus group discussions were also conducted with "street children". Those selected were children found to be spending their time on the streets of urban and peri-urban locations (e.g. those hanging around garages or in market places, shoe shiners, almudos, those involved in petty trading) and who were willing to give their time for discussion.

With the permission of the participants the focus group discussions were taped, and later transcribed into English. During the sessions children were informed that they did not necessarily have to talk about themselves.

Topics covered included: what happens when a parent dies, what are the consequences for the children who have been orphaned, perceptions of the situation of orphans, coping strategies for orphaned children,

problems faced by such children, perceptions of interventions and opportunities available, and a profile of community thoughts on whom they consider are vulnerable children and on solutions to the OVC issue in their localities in The Gambia.

Key Informants

A total of 21 organisations were visited in order to assess the availability and accessibility of existing services including education, health and social services for OVC. Key persons in NGOs, donors, religious and public sector/government institutions were interviewed in order to gather an inventory of the various institutions and their efforts related to OVC in The Gambia. Officials of the SOS Children's Village were interviewed about the running of their institution and how it affects the welfare of residents at the institution. Officials of other institutions with interest in orphans and vulnerable children such as the Department of Social Welfare were also interviewed. These interviews did not use structured questionnaires but were designed to solicit information on institutional arrangements for orphans and vulnerable children and to establish the status of children they serve from their own perspective. An assessment of the policy environment could then be made.

Results

Household listing

As explained in the methodology chapter 63 Enumeration Areas (EAs) were selected for the household interviews. A comprehensive household listing was conducted for all these EAs. This entailed recording all persons who usually sleep in the household, their sex, age, and marital status. For all aged under 18 years who had never been married, information about their biological parents' whereabouts and survival status was obtained, (alive or dead, and if alive whether living in the household or not). In addition, for all those children aged more than two years, presence of severe disability was recorded.

Table 1: Summary of EA Population, The Gambia 2004 OVC Study

Division	No. of EAs	Total Population	0 to 17 yrs	
			No.	Percent
Banjul City	2	852	381	44.7
Kanifing Municipality	15	5,992	2,776	46.3
Western Division	18	7,826	3,802	48.6
Lower River Division	3	1,173	624	53.2
North Bank Division	8	3,872	2,014	52.0
Central River Division	9	4,947	2,634	53.2
Upper River Division	8	4,384	2,278	52.0
The Gambia	**63**	**29,046**	**14,509**	**50.0**

A total population of 29,046 was enumerated in the 63 EAs; 14,509 (50.0%) were under the age of 18 years, see Table 1. The results appeared to be comparable to both the 2003 Census results and the 2000 MICS. In Banjul, Kanifing Municipality and Western Division the 0 to 17-year olds constituted less than half of those surveyed whilst in the other four divisions they constituted over half of those surveyed. Of those aged 0-17 years 223 (1.5%) had ever been married (211 currently married and 12 previously married). None of these 223 persons were interviewed, though they fall under the definition of children. The main reason for this is that once a person is married, especially girls, their feeding, housing, clothing and other needs are the responsibility of the husband and her new family. Therefore even if she were orphaned the assumption is that she now has someone to look after her.

Orphans

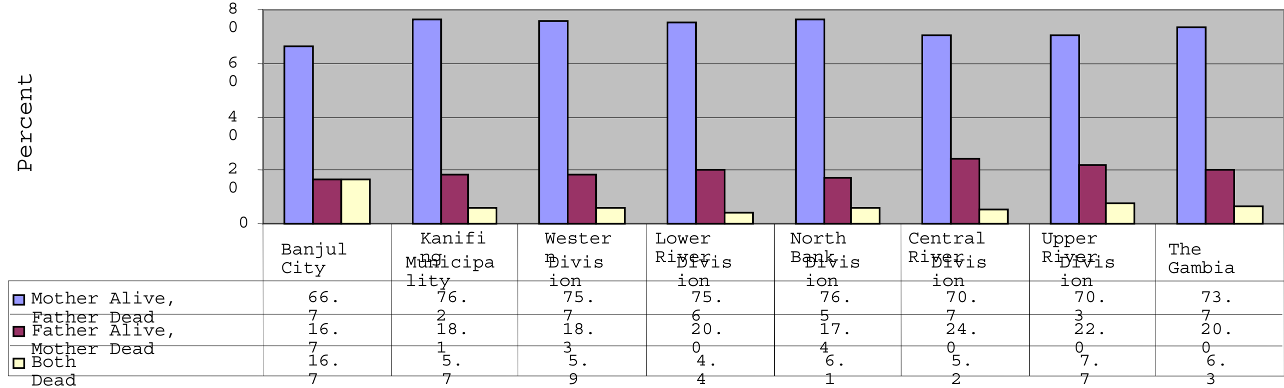
Table 2: Summary of Orphanhood Status according to household listing, The Gambia 2004 OVC Study

Division	Both Parents Alive	Mother Alive, Father Dead	Father Alive, Mother Dead	Both Parents Dead	Total Orphans	Total Children
Banjul City	351 (92.1%)	20 (5.2%)	5 (1.3%)	5 (1.3%)	30 (7.9%)	381
Kanifing Municipality	2,494 (89.8%)	215 (7.7%)	51 (1.9%)	16 (0.6%	282 (10.2%)	2,776
Western Division	3,464 (91.1%)	256 (6.7%)	62 (1.6%)	20 (0.5%)	338 (8.9%)	3,802
Lower River Division	579 (92.8%)	34 (5.4%)	9 (1.4%)	2 (0.3%)	45 (7.2%)	624
North Bank Division	1,899 (94.3%)	88 (4.4%)	20 (1.0%)	7 (0.3%)	115 (5.7%)	2,014
Central River Division	2,405 (91.3%)	162 (6.2%)	55 (2.1%)	12 (0.5%)	229 (8.7%)	2,634
Upper River Division	1,992 (87.4%)	201 (8.8%)	63 (2.8%)	22 (1.0%)	286 (12.6%)	2,278
The Gambia	**13,184 (90.9%)**	**976 (6.7%)**	**265 (1.8%)**	**84 (0.6%)**	**1,325 (9.1%)**	**14,509**

One thousand three hundred and twenty-five children under the age of 18 years (9.1%) were listed as orphans, having lost either one or both biological parents[1], see Table 2. Among the children aged 0-17 years surveyed, the highest proportion of orphans was seen in URD, 12.6% (286 out of 2278), followed by Kanifing Municipality, 10.2% (282 out of 2776), and Western Division, 8.9% (338 out of 3802). North Bank Division had the lowest proportion of orphans, 5.7% (115 out of 2014), followed by LRD, 7.2% (45 out of 624), see Table 2. Most of the orphans listed had lost only a father, 976 out of 1325 (73.7%) compared to those who lost only a mother, 265, (20.0%) and those who lost both parents, 84 (6.3%). Again URD had the highest proportion of orphans, from among survey children 0 to 17 years, who have lost only one parent, be it father (9.0%) or mother (2.8%).

[1] All reference to the terms parent, father and mother used in this report refers to the biological parent, biological father and biological mother.

Fig. 1: Orphanhood status by division, according to household listing, The Gambia 2004 OVC Study



	Banjul City	Kanifing Municipality	Western Division	Lower River Division	North Bank Division	Central River Division	Upper River Division	The Gambia
Mother Alive, Father Dead	66.7	76.2	75.7	75.6	76.5	70.7	70.3	73.7
Father Alive, Mother Dead	16.7	18.1	18.3	20.0	17.4	24.0	22.0	20.0
Both Dead	16.7	5.7	5.9	4.4	6.1	5.2	7.7	6.3

Fig 1 shows a clear illustration that more fathers than mothers have died and left orphans behind. The difference in all locations is very significant. This pattern, observed in all the divisions, is not unexpected. In The Gambia females live longer than males (Census 1993) and in a marriage situation the husband, who is mostly much older than the wife, is likely to die first leaving the wife and children behind. Life expectancy for men has been estimated at 58.3 years for men and 60.0 for women (Census 1993).

Table 3: Orphans by division and by sex, according to household listing, The Gambia 2004 OVC Study

Division	Male		Female		Total*
	No.	Percent	No.	Percent	
Banjul City	19	63.3	11	36.7	30
Kanifing Municipality	144	51.2	137	48.8	281
Western Division	168	50.0	168	50.0	336
Lower River Division	30	66.7	15	33.3	45
North Bank Division	60	52.2	55	47.8	115
Central River Division	113	49.3	116	50.7	229
Upper River Division	150	52.4	136	47.6	286
The Gambia	**684**	**51.7**	**638**	**48.3**	**1322**

*KM 1 sex not stated; WD 2 not stated

Generally there were slightly more male orphans than females, particularly in LRD and Banjul, 66.7% and 63.3% respectfully ($p<0.05$). CRD was the only division that seemed to have more female orphans, 50.7%. In Western Division the proportions were 50% males and 50% females. There were 3 orphans whose sex was not stated, one from Kanifing Municipality and the other two from Western Division.

Presence of Parents In Same Household

Table 4: Presence of parents in the household, The Gambia 2004 OVC Study

Division	Both Present	Mother Present, Father Absent	Father Present, Mother Absent	Both Absent	Total
Banjul City	189 (50.0%)	107 (28.3%)	11 (2.9%)	71 (18.8%)	378
Kanifing Municipality	1,593 (58.4%)	551 (20.2%)	106 (3.9%)	480 (17.6%)	2730
Western Division	2,754 (73.8%)	467 (12.5%)	75 (2.0%)	434 (11.6%)	3730
Lower River Division	381 (61.7%)	83 (13.4%)	10 (1.6%)	144 (23.3%)	618
North Bank Division	1,487 (74.8%)	216 (10.8%)	22 (1.1%)	262 (13.2%)	1987
Central River Division	1,979 (76.8%)	271 (10.5%)	67 (2.6%)	260 (10.1%)	2577
Upper River Division	1,570	345 (15.7%)	70 (3.2%)	212 (9.6%)	2197

	(71.5%)				
The Gambia	**9,953 (70.0%)**	**2,040 (14.3%)**	**361 (2.5%)**	**1,863 (13.1%)**	**1,4217**

For all children enumerated the informant was asked whether the parents were *living* in the same household; thus the definition of a parent not being 'present' does not cover temporary absences, but the fact that their place of residence is elsewhere. Over two-thirds of all children enumerated in the 63 EAs were living in the same household as both of their biological parents. CRD and NBD had the highest percentage of children living with both parents, 76.8% and 74.8% respectively; whilst Banjul and KM had the lowest, 50.0% and 58.4% respectively. Regarding the presence of one of the parents, for most it was the mother rather than the father who was living in the same household with the child, $p<0.05$.

These findings correspond closely to the 2000 MICS, in which 73% of children aged 0-14 were reported to be living with both parents, and 10% of children were not living with a biological parent.

Children living in households where both parents are absent are assumed to be in foster care. LRD had the highest percentage of such children, 23.3%; and URD had the lowest proportion, 9.6%.

Severe Disability

Severe disability was defined as either blindness, having a significant speaking difficulty (including the deaf), having a physical disability, being mentally challenged or some other form of severe disability.

Table 5: Children with severe disability, according to household listing, The Gambia 2004 OVC Study

Division	Blind	Significant speaking difficulty	Physical disability	Mentally challenged	Other	Total
Banjul	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	1 (0.3%)
KM	23 (0.8%)	1 (0.0%)	7 (0.3%)	0 (0.0%)	4 (0.1%)	35 (1.2%)
WD	15 (0.4%)	3 (0.1%)	7 (0.2%)	3 (0.1%)	2 (0.1%)	30 (0.9%)
LRD	2 (0.3%)	1 (0.2%)	1 (0.2%)	0 (0.0%)	0 (0.0%)	4 (0.7%)
NBD	12 (0.6%)	6 (0.3%)	6 (0.3%)	0 (0.0%)	2 (0.1%)	26 (1.3%)
CRD	9 (0.3%)	4 (0.2%)	10 (0.4%)	2 (0.1%)	1 (0.0%)	26 (1.0%)
URD	12 (0.5%)	3 (0.1%)	13 (0.6%)	2 (0.1%)	1 (0.0%)	31 (1.2%)
The Gambia	**73 (0.50%)**	**18 (0.12%)**	**44 (0.30%)**	**8 (0.06%)**	**10 (0.07%)**	**153 (1.1%)**

One hundred and fifty-three (1.1%) out of 14,509 children under 18 years had some form of severe disability. NBD had more severely disabled children, (1.3% - 26 out of 2,014) than other divisions followed by the Kanifing Municipality and URD, 1.2% (35 out of 2,776 and 31 out of 2,278 respectively) each; Banjul had the lowest severely disabled children, 0.3% (1 out of 381). Overall 73 (0.50%) out of 14,509 children enumerated were blind, 44 (0.30%) had a physical disability, 18 (0.12%) had a significant

speaking difficulty, 8 (0.06%) were mentally challenged whilst 10 (0.07%) had some other form of severe disability. Children with severe disability are classified as vulnerable. The definition of severe disability was more restricted than that used for the National Disability Survey of 1998, which found a prevalence of disability among children aged 2-18 of 0.99%.

Serious Illness in Past Three Months and/or Death in Past One Year

Serious illness was defined as being so sick that the person cannot perform his/her daily routine activities. This includes all those who were bedridden.

Table 6: Children living in households where an adult has been seriously ill for at least three months within the past one year or where an adult has died in the past one year, The Gambia 2004 OVC Study

Division	No serious illness and/or dead	Serious illness only	Adult dead only	Both serious illness and dead	Total serious illness and/or dead
Banjul	335 (87.9%)	25 (6.6%)	9 (2.4%)	12 (3.1%)	46 (12.1%)
KM	2,421 (87.2%)	243 (8.8%)	97 (3.5%)	14 (0.5%)	354 (12.8%)
WD	2,991 (78.7%)	551 (14.5%)	156 (4.1%)	104 (2.7%)	811 (21.3%)
LRD	471 (75.5%)	82 (13.1%)	57 (9.1%)	14 (2.2%)	153 (24.5%)
NBD	1,680 (83.4%)	147 (7.3%)	116 (5.8%)	71 (3.5%)	334 (16.6%)
CRD	1,986 (75.4%)	375 (14.2%)	203 (7.7%)	70 (2.7%)	648 (24.6%)
URD	1,686 (74.0%)	256 (11.2%)	144 (6.3%)	192 (8.4%)	592 (26.0%)
The Gambia	11,570 (79.7%)	1,679 (11.6%)	782 (5.4%)	477 (3.3%)	2,938 (20.3)

Twenty percent of all children in the 63 EAs were living in households where an adult had been seriously ill for at least three months within the past year or where an adult death had occurred. In all the divisions there were more ‘serious illnesses for at least three months’ within the past year than adult deaths. These two combined indicators were most common in households in URD, 26.0%; followed by CRD and LRD, 24.6% and 24.5% respectively. Banjul and KM had the lowest percentages of children living in households where an adult had been seriously ill for at least three months within the past year or where an adult death had occurred, 12.1% and 12.8% respectively. Children living in households with either of these indicators are considered vulnerable. This is because it is likely the daily life of the household will have been affected by the illness or death: in caring for the adult, in paying for care or funeral expenses, and potentially by the loss of the economic input of that individual (Smart 2003).

Household Questionnaires For Children 0-17 Years

Two sets of questionnaires were used, one administered to caretakers of children 0 to 11 years and the other administered directly to children 12 to 17 years. The two questionnaires were similar in many respects except that the sections on sexual relationships and sexual behaviour and most questions on emotional care were asked for the 12 to 17 year olds but omitted for the 0 to 11 year olds. Also questions on clinic cards and immunizations were only meant for children five years and below.

From the household listing exercise all those children identified as orphans or severely disabled were supposed to have been interviewed using structured questionnaires. However from the 1,325 listed orphans, 1,214 (91.6%) were interviewed. Among the 153 listed as severely disabled 79 (51.6%) were interviewed (20 of whom were orphans). The most common reason for failing to carry out an interview was that the individual concerned was away from the compound, and as the survey team only spent two days on average in each EA this made it difficult to follow-up all those identified for interview. In addition one out of every ten other children were selected as "controls" and interviewed. Although this is not meant to be a "case control" study it was deemed necessary to compare some of the characteristics and variables especially between orphans and non-orphans.

Demographic Characteristics

Table 7: Ethnic distribution of orphans, The Gambia 2004 OVC Study

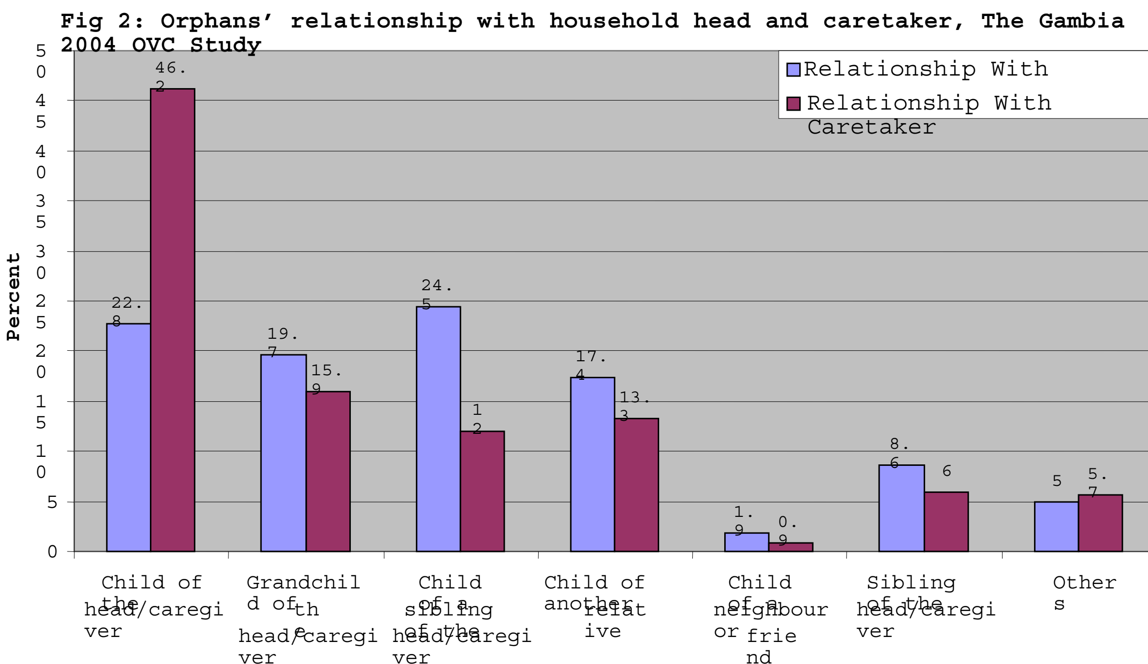
Ethnic Group	Orphans		Total interviewed	
	No.	Percent	No.	Percent
Mandinka	556	45.8	1,100	43.5
Wollof	125	10.3	276	10.9
Jola/Karoninka	94	7.7	209	8.3
Fula	275	22.7	611	24.2
Serahuli	75	6.2	138	5.5
Serere	37	3.0	74	2.9
Manjago	7	0.6	21	0.8
Aku	12	1.0	22	0.9
Others	28	2.3	70	2.8
Not Stated	5	0.4	7	0.3
Total	**1,214**	**100.0**	**2,528**	**100.0**

A total of 2528 children were interviewed. This represents 17.4% of the under 18-year olds enumerated in the household listing. Mandinkas comprised the biggest ethnic group among both the total under 18-year olds and orphans, 43.5% and 45.8% respectively; followed by Fulas, 24.2% and 22.7% respectively; Wollofs, 10.9% and 10.3% respectively; Jola, 8.3% and 7.7% respectively; see Table 7. The pattern of ethnic distribution observed among the total under 18-year olds interviewed was similar to that of orphans. No significant difference ($p>0.05$) was observed within the ethnic groups. This seems to suggest that orphans exist in all the ethnic groups in approximately equal proportions.

The proportionate distribution of the sampled children across ethnic groups in this survey largely depicts the ethnic distribution of the population observed in the 1993 Population and Housing Census.

On nationality, as expected, most were Gambians, 95.3% among total under 18-year olds interviewed and 96.3% among orphans.

Child's Relationship With Household Head And Caretaker



Orphans seen in the survey were being raised by relatives and not by non-relatives. This has lots of advantages, one being that the child will be in a household he or she may already be socially familiar with and can easily relate to. As seen in Fig. 2 nearly all orphans were found to be closely related to the household head and the caretaker. Many of the 'orphans' had only lost one parent so were living with the surviving parent; thus almost half of them were being cared for by the remaining parent (46.2%); this parent was also frequently the household head (22.8%). The most common relationship with the household head was to be the child of a sibling of the household head (24.5%). Nearly one in five were grandchildren of the household head, and a good proportion of orphans were being cared for by their grandparents (15.9%). Where you find orphans who are grandchildren of the household head or their caretakers it may seem to indicate that one of the orphan's parents died young.

Birth Registration and Immunization

In The Gambia possession of a birth certificate is a statutory right for every citizen. The birth certificate identifies the child's full name, place and date of birth, and names of biological parents. This is the most authentic proof of nationality, which is one of the basic rights of a child. In The Gambia whilst registration can be free, the birth certificate is issued at a cost by the state. Parents and guardians can pay up to D12.50 (approximately 43 US cents) for late registration and a copy of a birth certificate. Among orphans 62.9% reported not having a birth certificate, among orphans and severely disabled children 63.5% reported not having a birth certificate; whilst among the control children 60.2% reported not having a birth certificate; see Table 8. Most children apparently do not have proof of Gambian

nationality. Whether this is due to attitudes towards birth certificates, or the difficulties in acquiring a birth certificate such as the associated costs is not clear.

Table 8: Children's birth registration and immunization status, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Birth Certificate						
Yes	329	27.1	339	26.7	401	31.7
No	763	62.9	808	63.5	762	60.2
DK/NS*	121	10.0	125	9.8	102	8.1
Total	1213	100.0	1272	100.0	1265	100.0
Clinic Card						
Yes, saw card	79	38.2	86	38.6	242	50.9
Yes, card not seen	115	55.6	123	55.2	217	45.7
No	13	6.3	14	6.3	16	3.4
Total	207	100.0	223	100.0	475	100.0
Measles & DPT3 Immunizations						
DPT3 Only	14	7.5	17	8.5	56	12.1
Measles Only	39	20.9	41	20.4	95	20.5
Both DPT3 & Measles	127	67.9	135	67.2	274	59.1
None	7	3.7	8	4.0	39	8.4
Total	187	100.0	201	100.0	464	100.0

Due to rounding off percentages may not add up to 100%
* DK/NS=Don't know / Not stated

A clinic card acts as the child's passport to accessing free basic health services for the first five years, including immunizations, growth monitoring and essential drugs, at government health facilities, although the initial cost of the card is five dalasis (approximately 17 US cents). A total of 93.7% orphans reported having clinic cards, although only 38.2% clinic cards were seen by the interviewers (see Table 8); for control children a similar proportion reported having a card (96.6%), but only 50.9% of these cards were seen. Possession of a clinic card is an indication of contact with the formal health services.

DPT3 and measles immunizations are administered when the child is four and nine months of age, respectively. Over two-thirds of orphans reported receiving both DPT3 and measles immunizations compared to 59.1% control children ($p>0.05$), see Table 8. Seven (3.7%) orphans, 8 (4.0%) OSD children and 39 (8.4%) control children received neither DPT3 nor measles immunizations ($p<0.05$). Among these, 4 orphans and 23 controls may not have been due for DPT3; whilst 2 orphans and 17

controls were not due for measles. Children who have received both DPT3 and measles immunizations are more likely to have received all other EPI immunizations such as BCG (anti-tuberculosis vaccine) and oral polio vaccine. It also demonstrates that the child visited the clinic at least four times during which all the necessary immunizations could have been administered in addition to the other routine services offered at Child Welfare Clinics.

Education

School Enrolment of Children 7 to 17 Years Old

The questions on schooling sought to establish the child's educational history, type of school and level, and for those who have dropped out or have never attended, reasons for this. The official school-going age starts at seven years, therefore only children in this age-category have been included in the analysis of the following educational variables.

Table 9: Orphans and other children currently in school and those who previously or never attended school, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Currently in school	791	73.7	806	72.5	643	76.0
Previously attended school	80	7.5	83	7.5	56	6.6
Never attended school	202	18.8	223	20.1	147	17.4
Total	1,073	100.0	1,112	100.0	846	100.0

As can be seen in Table 9, more control children, 76.0% seem to be currently in school compared to orphans, 73.7%; ($p>0.05$). Some children had previously attended school, 7.5% orphans and 6.6% controls, respectively ($p>0.05$); whilst 18.8% orphans, 20.1% OSD children and 17.4% controls had never attended school, be it Western or Madrassa. None of these comparisons show any statistically significant differences.

Table 10: Reasons for discontinuing for those who had previously attended school, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
No one to pay school fees	32	40.0	32	38.6	13	23.2
Parent died	22	27.5	22	26.5	0	0.0
Illness	10	12.5	11	13.3	5	8.9
Academic dropout	6	7.5	6	7.2	15	26.8

Others[2]	26	32.5	28	33.7	22	39.3

More than one reason was stated for children discontinuing their education. Among the 80 orphans who had discontinued their schooling the main reasons, however, were related to being unable to pay school fees, 40.0%, and that a parent died, 27.5%. A similar pattern was observed for the 83 OSD children: 38.6% and 26.5%, respectively, said there was no one to pay their school fees or that a parent died. Among the 56 controls the main reasons differed slightly: 26.8% were reportedly academic dropouts whilst 23.2% said there was no one to pay their school fees. The difference between academic dropouts among orphans, 7.5%, and controls, 26.8%, is very significant, p=0.000811. This appears to suggest that those orphans who are enrolled in school are more likely to perform well academically, compared to non-orphans. This is a finding that may deserve further investigation. Some children mentioned illness as reason for discontinuing their schooling, 12.5% orphans, 13.3% OSD children and 8.9% control children ($p>0.05$). Those reasons classified as "Others" include assisting with domestic or farm work, child refusing to go to school, not liking Western schooling, preferring the Islamic schooling, father sick, change of residence and one mentioned pregnancy.

Table 11: Reasons for never having attended school, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
No one to pay school fees	65	32.2	65	29.1	27	18.4
Parent died	47	23.3	47	21.1	0	0.0
Illness	13	6.4	20	9.0	7	4.8
Others[3]	89	44.1	104	46.6	104	70.7

Out of the 202 orphans who have never attended school 32.2% reported that there was no one to pay for their fees and 23.3% said a parent died; see Table 11. Among the 147 controls "no one to pay school fees" also features highly, 18.4%. A lot of "Other" reasons were also forwarded, though many were not specified. These included: child having disabilities, parent wanting child to learn the Qur'an first, and parents not enrolling child in school.

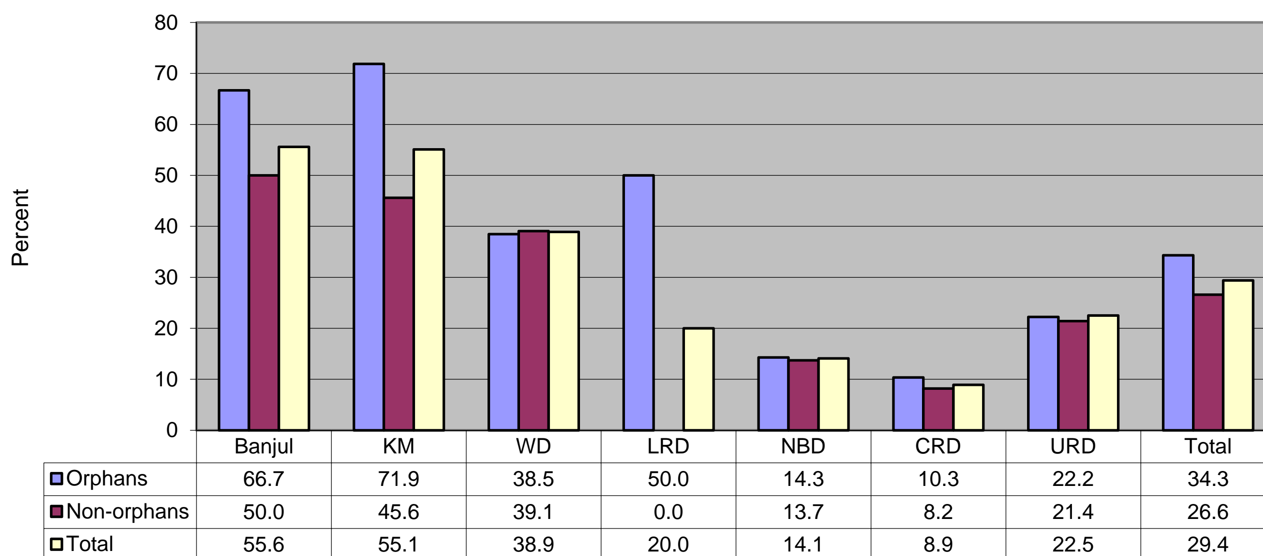
School enrolment of Children 3 to 6 Years Old

The age group 3 to 6 years are termed pre-school years. Children in this group attend nursery schools and this may give them a head start compared to those who never attended nursery school.

[2] The questionnaires were pre-coded for the answers categorised as 'other' there is usually no further information available as this was not recorded. This comment applies to all the tables where the category 'other' is seen.

[3] See footnote under Table 10

Fig. 3: School enrolment of children 3 to 6 years by orphanhood status and division, The Gambia 2004 OVC Study



	Banjul	KM	WD	LRD	NBD	CRD	URD	Total
Orphans	66.7	71.9	38.5	50.0	14.3	10.3	22.2	34.3
Non-orphans	50.0	45.6	39.1	0.0	13.7	8.2	21.4	26.6
Total	55.6	55.1	38.9	20.0	14.1	8.9	22.5	29.4

Out of a total of 489 children aged 3 to 6 years 29.4% (144) were reported to be in school, see Fig. 3. In Banjul and Kanifing Municipality there is a proliferation of nursery schools and day care centres and this may be a contributory factor to why more than half of all children in these areas were reported to be attending school.

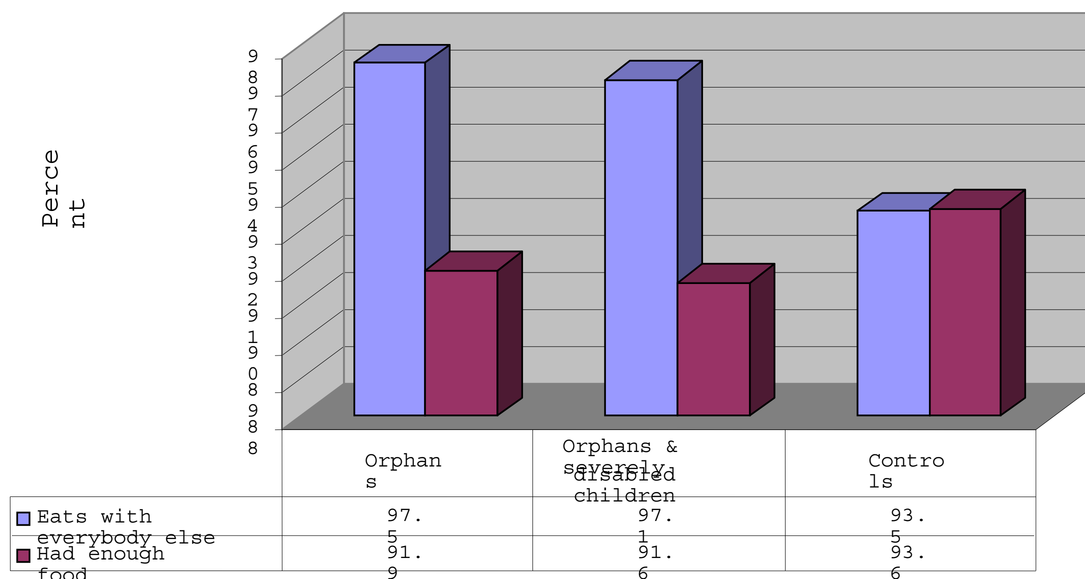
Orphans aged 3 to 6 years are more likely to be enrolled in school than non-orphans. For this age-group, in each division the proportion of orphans compared to non-orphans attending school is greater or equivalent (Figure 3). This pattern may seem to suggest that young orphans have a better educational opportunity than non-orphans; that they start school early and do not become academic dropouts. It also may reflect that fact that those caring for orphans find it advantageous for them to be cared for at nursery schools.

The MICS 2000 results show that 20% of children 36 to 59 months were attending nursery schools. This may be an indication that more children are now being enrolled in nursery schools.

Feeding

Questions in this section sought to elicit information on the child's nutritional intake. Most children eat with everybody else in the household, 97.5% (1183) orphans, 97.1% (1235) OSD children and 93.5% (1183) controls; see Fig 4.

Fig. 4: Percentage of children eating with everybody else and those who have had enough food, The Gambia 2004 OVC Study



Reasons for not eating with everyone else, among orphans, included: rarely there when meals are served, 40.9% (9); sickness, 31.8% (7); and others, 27.3% (6).

Most also reported having enough to eat, 91.9% (1115) orphans, 91.6% (1165) OSD children and 93.6% (1184) controls.

Children generally eat three meals per day, 85.5% (1019) of orphans 84.6% (1057) of OSD children, and 76.7% (937) of control children. Less than 6% of orphans and other children reported having fewer than 3 meals in the previous day, see Annex Table ii. Few children reported going daily without enough food: 1.4% (17) orphans, 1.5% (19) OSD and 1.6% (20) control children. More control children, however, reported always having enough to eat, 85.9% (1070) compared to orphans, 80.4% (963), p=0.000295. The key reasons for not having enough to eat were similar for orphans and other children alike: insufficient food in the bowl and not enough money to buy food.

Among the different types of foods eaten in the past week porridge, rice, bread or other cereals topped the list. These were reportedly consumed daily by 84.6% (1010) orphans, 84.5% (1058) OSD children and 83.5% (1013) controls, see Annex Table iii. Meat, fish or chicken were reportedly eaten daily by 36.8% (437) orphans, 36.2% (451) OSD children and 39.4% (477) controls. Nearly a quarter of orphans, OSD children and controls reported eating meat, fish or chicken more than three times in the past week but not daily; whilst over one-fifth reported eating these foods between 2 to 3 three times in the past week. Fifty (4.2%) orphans and 58 (4.8%) controls reported not eating any meat, chicken or fish in the past week.

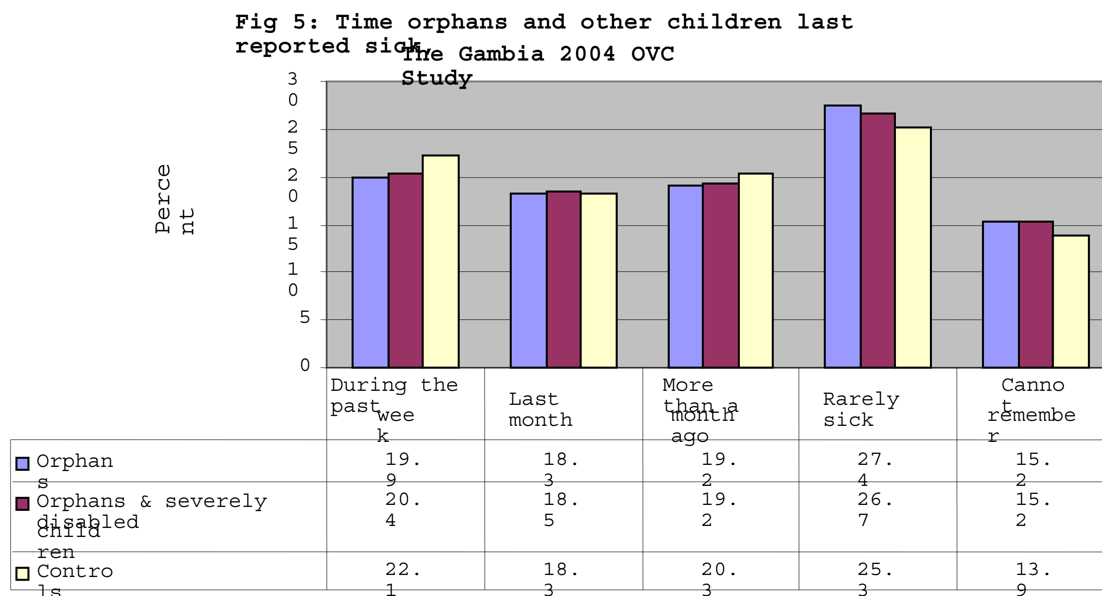
Groundnuts, eggs or beans were consumed daily by 33.9% (406) orphans, 34.2% (428) OSD children and 34.5% (417) controls; and more than three times by 23.2% (277) orphans, 23.4% (293) OSD children and 23.8% (287) controls, see Annex Table iv. Sixty-seven (5.6%) orphans and 63 (5.2%) controls reported not eating any groundnuts, eggs or beans in the past week.

Not many children reported consuming milk or yoghurt daily, 15.2% (181) orphans and 17.3% (208) controls. Most did not consume any milk or yoghurt during the previous week preceding the interview, 31.6% (375) orphans, 31.5% (393) OSD children and 26.5% (320) controls ($p>0.05$).

Cumulatively, over 70% reported eating vegetables and more than two-thirds ate fruits at least two times in the previous week. One hundred and seventy-five (14.7%) orphans and 157 (13.0%) controls did not eat any vegetables in the past week. For fruits 17.2% (206) orphans and 14.8% (179) controls did not eat any in the past week. More fruits were consumed daily by orphans and other children than vegetables/leaves or milk /yoghurt, see Annex Table iii.

Health Care

The questions on health care touched on sickness experienced by the child and treatment received; and care and support the child offered to a sick person in the household. Approximately one fifth of orphans and other children reported being sick during the past week with a slightly lower percentage being sick in the past month, see Fig 5. Many said they are rarely sick: 27.4% (324) orphans, 26.7% (331) OSD children and 25.3% (308) for controls.



	During the past week	Last month	More than a month ago	Rarely sick	Cannot remember
Orphans	19.9	18.3	19.2	27.4	15.2
Orphans & severely disabled children	20.4	18.5	19.2	26.7	15.2
Controls	22.1	18.3	20.3	25.3	13.9

Fever/headache and malaria were the health problems most commonly reported by orphans, 46.8% (318) and 37.8% (257) respectively; OSD children, 47.1% (340) and 37.0% (267) respectively; and controls, 43.9% (325) and 38.9% (288) respectively, see Annex Table v. Very few orphans and OSD children reported having diarrhoea in the past week, 4.9% (33) and 5.3% (38) respectively, compared to controls, 12.3% (91), $p<0.05$.

Most children who reported being sick said they had treatment, 90.6% (569) orphans, 90.4% (603) OSD children and 93.9% (658) controls. The health facility was mentioned as the source of treatment by 85.8% (488) orphans, 85.4% (515) OSD children and 86.8% (571) controls. The traditional healer as a source of treatment, though few, was significantly higher for orphans and OSD children than controls ($p<0.05$). Fifteen out of the 38 orphans who mentioned the traditional healer also visited the health centre.

For most children, 33.4% (190) orphans, 34.8% (210) OSD children and 64.7% (426) controls, they were taken for treatment by their mother. This is followed by those taken by the household head, 22.8% (130) orphans, 23.2% (140) OSD children and 22.5% (148) controls. For orphans, siblings (18.3%) and other family members (12.1%) also play an important role in taking them for treatment compared to controls, 5.9% respectively, see Annex Table v.

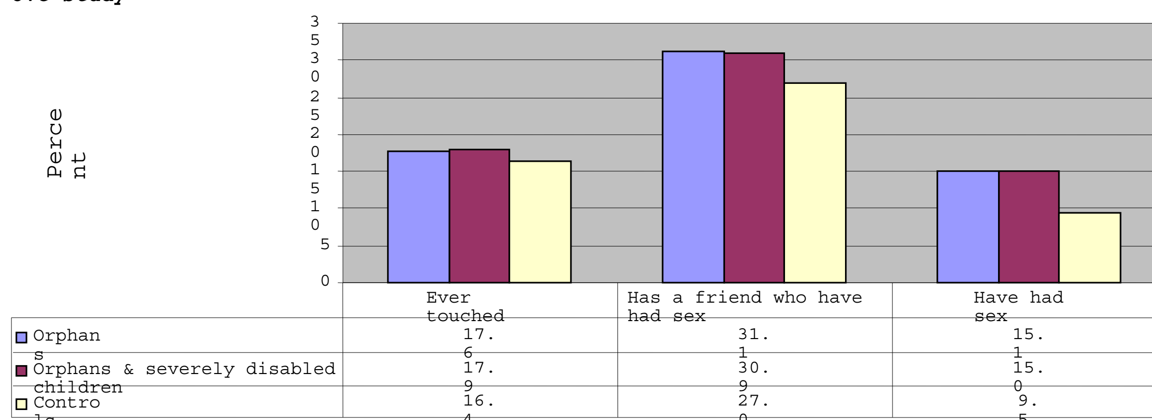
Many children offered some kind of assistance to sick members of the household. Among orphans 59.6% (668), OSD children 59.7% (699) and controls 58.4% (656) reported that they assist in caring for the sick. The types of care and support are generally similar between the various groups of children; see Annex Table vi. Giving medicines was the most mentioned form of support, 71.1% (475) among orphans, 71.7% (501) OSD children and 73.3% (414) controls followed by running errands, 45.7% (305) among orphans, 44.3% (310) OSD children and 38.4% (217) controls. None of the differences observed between orphans and controls for the various forms of care and support are statistically significant.

Sexual Relationships And Behaviour

Questions on sexual relationships were only administered to children aged 12 to 17 years, whilst those on sexual behaviour were restricted to children 15 to 17 years. Most children said their friends do not talk about having boyfriends and girlfriends, 62.0% (322) orphans, 62.3% (327) OSD children and 64.1% (195) controls. Among those who said their friends talk about it 31.5% (62 out of 197) orphans, 31.8% (63 out of 198) OSD children and 26.6% (29 out of 109) controls said they talk about sex ($p>0.05$); whilst more orphans10.2% (20) than controls 3.7% (4) mentioned "have sex with them" ($p<0.05$); see Annex Table vii .

When asked whether they know of anyone who has been touched intimately or had something done by someone in a private location and then been told not to tell anyone 18.2% (94) orphans, 18.0% (94) OSD children and 19.1% (57) controls responded positively. On how they would avoid such a situation befalling them responses were generally similar. Among orphans 37.6% (195) reported they would avoid such environments, 36.0% (187) would fight the person, and 22.2% (115) would shout/cry for help. Among controls 35.5% (108) would avoid such environments, 35.2% (107) would fight the person, and 21.4% (65) would shout/cry for help. Many also said they would avoid visiting a person of the opposite sex alone, 21.0% (109) orphans, 20.8% (109) OSD children, and 14.1% (43) controls ($p>0.05$). A few said nothing: 3.9% (20) orphans, 4.0% (21) OSD children, and 0.7% (2) controls ($p>0.05$, therefore difference not significant), see Annex Table vii.

Fig. 6: Sexual behaviour of orphans and other children aged 15-17 years, The Gambia 2004 OVC Study



	Ever touched	Has a friend who have had sex	Have had sex
Orphans	17.6	31.1	15.1
Orphans & severely disabled children	17.9	30.9	15.0
Controls	16.4	27.0	9.5

For children 15 to 17 years old 17.6% (54) orphans, 17.9% (55) OSD children and 16.4% (25) controls reported that they had ever been touched in a private location in a manner they did not like, see Fig 6. Many of them have friends whom they know have had sex, 31.1% (94) orphans, 30.9% (94) OSD children and 27.0% (40) controls; whilst 15.1% (45), 15.0% (45) and 9.5% (14) respectively, reported having had sex ($p>0.05$, therefore difference not significant). Among those respondents who have had sex, most said they used a condom, 84.4% (38 out of 45) respectively for orphans and OSD children and 85.7% (12 out of 14) for controls.

Knowledge And Awareness About HIV/AIDS

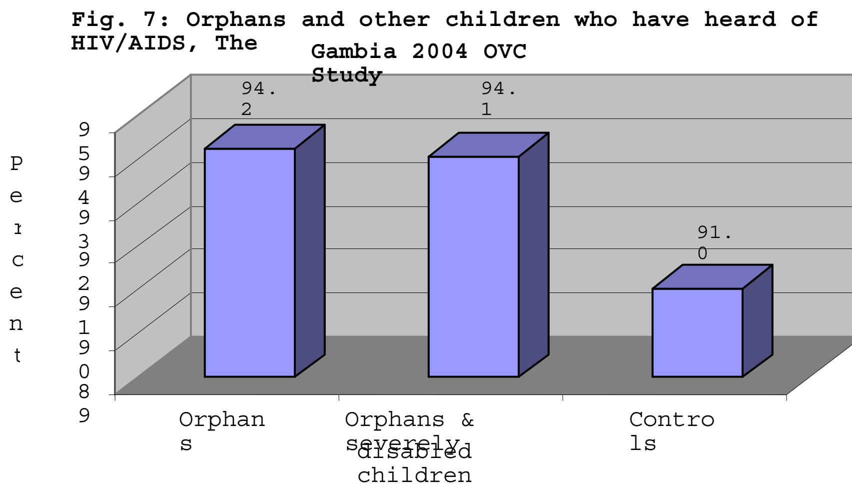


Fig. 7: Orphans and other children who have heard of HIV/AIDS, The Gambia 2004 OVC Study

Most of the respondents 12-17 years old had heard of HIV/AIDS, 94.2% (344) orphans, 94.1% (348) OSD children and 91.0% (183) controls ($p>0.05$, therefore difference not significant); see Fig. 7. The majority of children knew that HIV/AIDS is spread through sex, 89.0% (306) among orphans, 89.1% (310) among OSD children and 90.2% (165) among controls. Many also knew that unclean needles and sharp objects can transmit the virus, 67.2% (231) orphans, 66.7% (232) OSD children and 69.9% (128) controls, see Table 12. Almost a third of the orphans mentioned blood transfusion as a mode of spread and a quarter mentioned transmission through mother to child.

Table 12: Knowledge of modes of transmission and prevention for HIV/AIDS, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Knowledge of mode of spread						
Sex/unprotected sex	306	89.0	310	89.1	165	90.2
Passed from mother to baby	87	25.3	87	25.0	38	20.8
Through blood transfusion	109	31.7	109	31.3	54	29.5
Through unclean needles or sharp objects	231	67.2	232	66.7	128	69.9
Other[4]	24	7.0	25	7.2	18	9.8
Knowledge of mode of prevention						
Abstain/avoid sex	236	68.6	237	68.1	139	76.0
Be faithful to ones partner/ have only one partner	209	60.8	209	60.1	105	57.4
Use condoms	206	59.9	209	60.1	123	67.2
Others	38	11.0	39	11.2	23	12.6

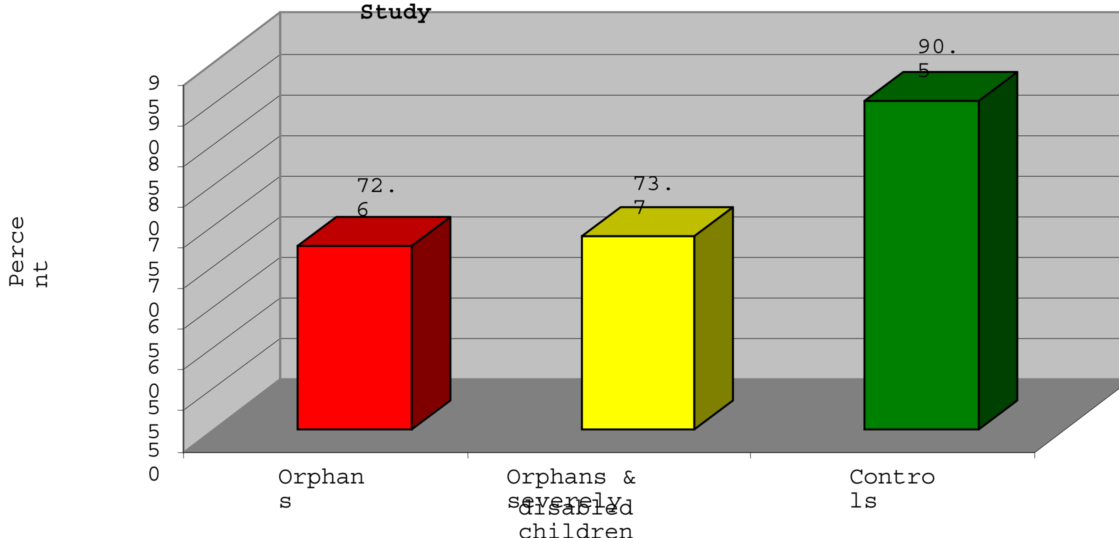
The majority of children 12 to 17 years knew that HIV/AIDS can be prevented through abstaining from sex, being faithful to ones partner or having only one partner and the use of condoms. Among orphans 68.6% knew about abstinence, 60.8% know about faithfulness and 59.9% know about condom use. Observed differences between orphans and controls are not statistically significant.

Whereabouts And Well-being Of Child's Parents

This section established the whereabouts and health and well-being of the child's parents and whether the child had always lived in the household or not.

[4] See footnote under Table 10

Fig 8: Orphans and other children who have always lived in households where they were found, The Gambia 2004 OVC Study



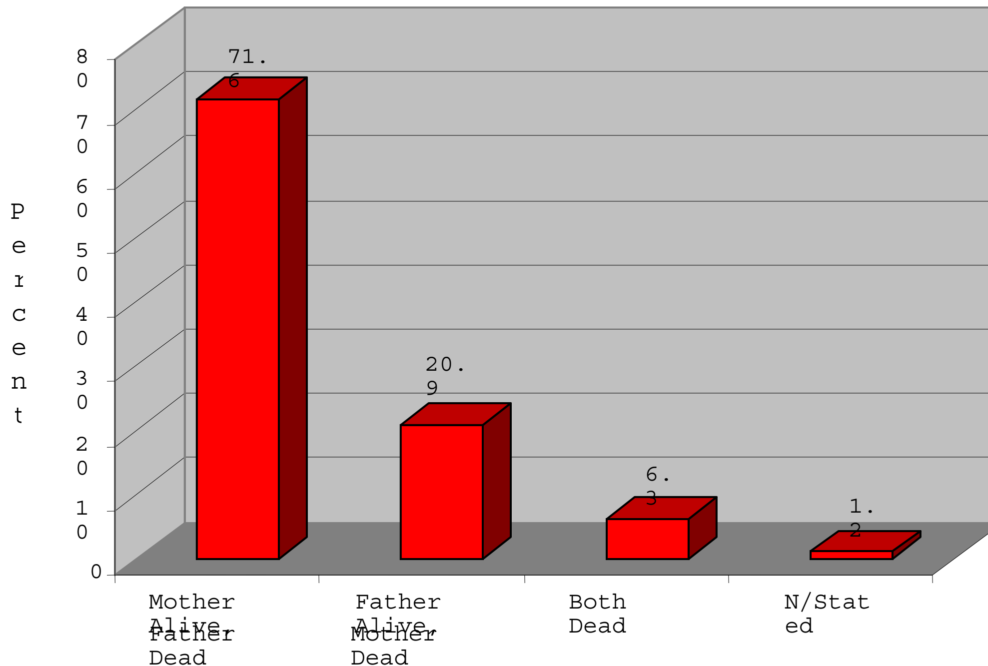
As seen in Fig 8, most children, whether orphans or not, had always lived in the households where they were found during the interview. Among orphans 72.6% (876) had always lived in the household compared to 90.5% (1123) for controls ($p<0.05$). Among those who had not always lived in the household, 87.1% (283) orphans and 87.7% (100) controls lived with their parents before whilst 11.7% (38) orphans and 11.4% (13) controls lived with other family members, see Table 13.

Table 13: Those with whom the children lived with before joining their present households, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Parents	283	87.1	285	87.2	100	87.7
Other family	38	11.7	38	11.6	13	11.4
Others [5]	4	1.2	4	1.2	1	0.9
Total	325	100.0	327	100.0	114	100.0

For orphans the main reason for joining the household was because one or both parents died, 67.3% (222), followed by mother remarrying, 16.4% (54), see Annex Table viii. Among the controls the main reasons were family commitments, 22.9% (27) and schooling. 21.2% (25). Many orphans also joined the household for reasons due to family commitments, 13.9% (46), and schooling, 13.3% (44). Thirty-two orphans (9.7%) said they joined the household because their original household could not support them financially.

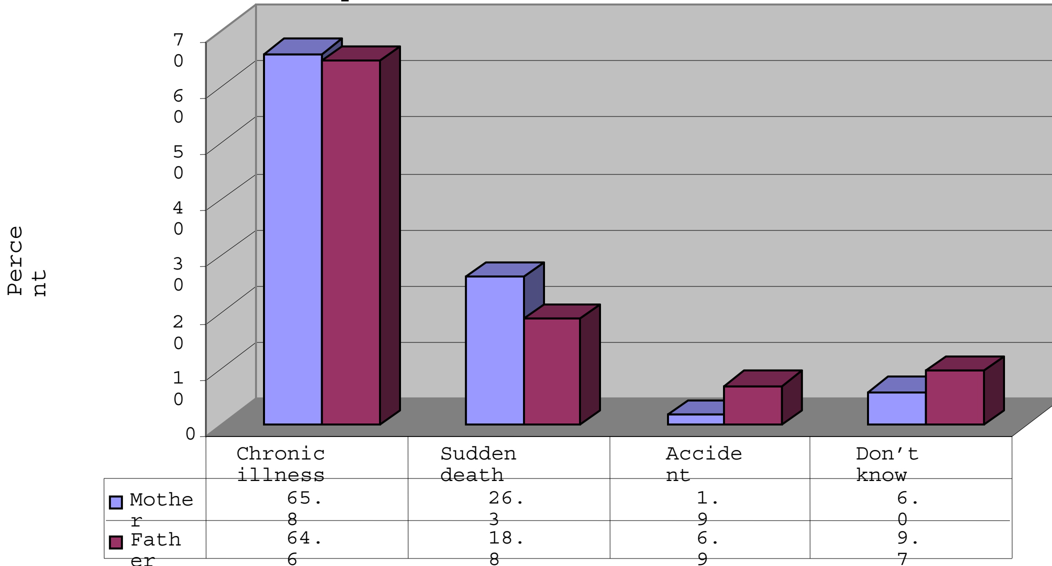
[5] See footnote under Table 10



The mothers of 71.6% (869) of the orphans were alive, and the fathers of 20.9% (254) were alive, whilst 6.3% (76) had lost both parents, see Fig. 9. There were 15 (1.2%) orphans for whom it was not indicated whether the other parent is alive or not. Eleven of these lost their father and 4 lost their mother. In total 78.7% of all orphans interviewed had lost a male parent and 27.5% had lost a female parent ($p<0.05$).

Most of those who lost their parents said they died less than five years ago, 53.4% (172) and 53.5% (503) for and fathers respectively; with 8.4% respectively (27 mothers and 79 fathers) having died within the past one year. Thirty-five percent (112) and 28.1% (264) reported the death of their mother and father, respectively, occurred between 5 and 9 years ago; 9.0% (29) lost their mothers and 12.8% (120) 10 or more years ago. Three percent (9) and 5.6% (53) respectively, either cannot remember or do not know when their mothers or fathers died.

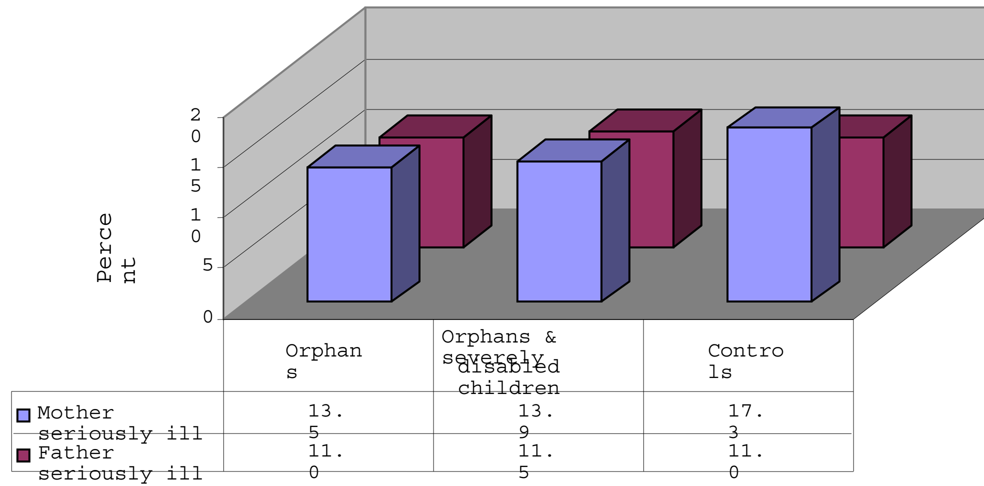
Fig. 10: Cause of death of parents of orphans, The Gambia 2004 OVC Study



Two-thirds of mothers (210) and fathers (598), respectively reportedly died from a chronic illness, whilst 26.3% (84) mothers and 18.8% (174) fathers reportedly died from a sudden death. Approximately 2% (6) of mothers and 7% (64) of fathers were reported to have died from an accident, whilst 6.0% (19) and 9.7% (90) did not know what the mother or father respectively, died from; see Fig. 10.

For children whose parents were alive but not living together in the same household the reasons among female and male parents were generally different, see Annex Table x. For female parents they moved to a different household because of divorce and re-marriage, 63.1% (171) orphans, 62.4% (174) OSD children and 30.3% (56) controls, the difference between orphans and controls being statistically very significant, p=0.00000. Among male parents the main reason for living elsewhere was work related, 37.6% (47) orphans, 37.2% (51) OSD children and 30.1% (90) controls. Some male parents had remarried and moved elsewhere, 11.2% (14) orphans, 13.1% (18) OSD children and 7.7% (23) controls. Family commitments were an important reason for mother or father living elsewhere. Among orphans 12.5% (34) and 18.4% (23) of mothers and fathers respectively lived elsewhere from the child.

Fig. 11: Surviving parents who have been reported as seriously ill in past 12 months, The Gambia 2004 OVC Study



	Orphans	Orphans & severely disabled children	Controls
Mother seriously ill	13.5	13.9	17.3
Father seriously ill	11.0	11.5	11.0

More than one out of every ten surviving parent has been reported seriously ill in the past year. Among orphans 13.5% (117) of their mothers and 11.0% (28) of their fathers have been seriously ill. For OSD children 13.9% (129) mothers and 11.5% (36) fathers have been seriously ill and among controls 17.3% (214) and 11.0% (136) have reported been seriously ill; see Fig. 11. Although more mothers than fathers seem to have reported being seriously ill in the past one year this difference is only statistically significant between mothers and fathers of controls.

Orphans whose mothers had died were reported to have suffered mainly from cough/chest pain, 17.2% (46); unexplained/high fever, 16.0% (43); and conditions related to pregnancy or childbirth, 15.7% (42). Among dead fathers the main illnesses reported were high blood pressure, 20.3% (144); cough/chest pain, 17.5% (124); and severe weakness, 13.9% (99), see Annex Table xi.

Support and assistance received by parents

Table 14: Forms of support and assistance received by parents during illness, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Assistance with school or study fees	81	6.7	81	6.3	8	2.7
Food provisions	135	11.1	135	10.4	27	9.1
Gardening or agricultural supplies	19	1.6	19	1.5	6	2.0
Tools, building repair materials or labour	12	1.0	12	0.9	1	0.3
Small business training, money loan	21	1.7	21	1.6	6	2.0
Home visits to provide emotional support or counselling	59	4.9	59	4.6	9	3.0
Health care items (medicine and supplies)	69	5.7	69	5.3	4	1.4
Assistance with home based care	32	2.6	32	2.5	5	1.7
Home based care training	12	1.0	12	0.9	1	0.3
Nothing	86	7.1	87	6.7	19	6.4
Other[6]	8	0.7	8	0.6	1	0.3

The question on whether either of the child's parents received support and assistance was administered only to orphans and to children for whom one or both parents have been seriously ill in the past one year. As seen in Table 14, many orphans generally received more support and assistance than controls with regards to education, 6.7 % (81 out of 1214) orphans compared to 2.7% (8 out of 296) controls whose parent(s) have been seriously ill in the past one year; food, 11.1% (135) orphans compared to 9.1% (27) controls; health care, 5.7% (69) orphans compared to 1.4% (4) controls; emotional support or counselling, 4.9% (59) orphans compared to 3.0% (9) controls; and assistance with home based care, 2.6% (32) orphans compared to 1.7% (5) controls. Statistically significant differences were observed between orphans and controls receiving assistance with health care and school/study fees.

Material Possessions

All children or caregivers interviewed were asked whether the child has some basic material things like soap, clothing and shoes. In addition there were questions on whether the child does his/her own laundry, sleeps on a mattress, under a bednet and the number of persons the child sleeps with in the same bed and room.

[6] See footnote under Table 10

Table 15: Availability of soap to take a wash, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Yes	969	80.2	1,013	80.0	1,053	84.7
No	55	4.6	57	4.5	40	3.2
Usually	184	15.2	197	15.5	151	12.1
Total	1,208	100.0	1,267	100.0	1,244	100.0

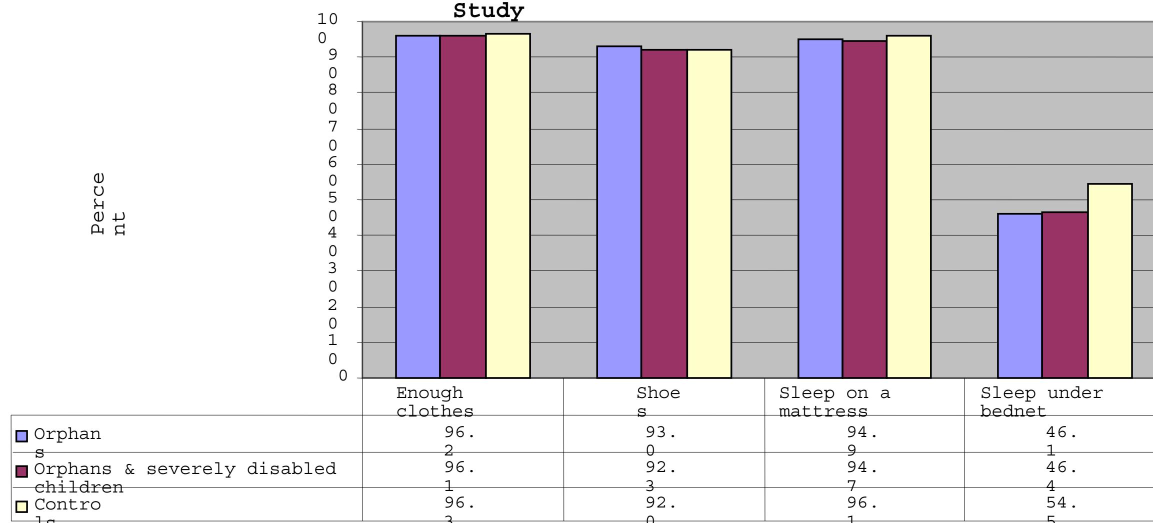
Fifty-five (4.6%) orphans reported not having any soap to take a wash; 80.2% (969) said they do have soap, whilst 15.2% (184) reported that they usually have soap to take a wash, see Table 15. The pattern is similar for OSD children and controls, although fewer controls reported not having soap, 3.2% (40). Controls were significantly more likely to report that they had soap ($p<0.05$) than orphans.

Table 16: Children washing their own clothes, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Yes	425	35.4	435	34.5	290	23.3
No	643	53.5	687	54.5	846	68.0
Sometimes	134	11.1	138	11.0	109	8.8
Total	1202	100.0	1260	100.0	1245	100.0

Among orphans 35.4% (425) reported that they wash their own clothes, 11.1% (134) said they do so sometimes whilst 53.5% (643) said they do not wash their own clothes, see Table 16. With controls 23.3% (290) said “Yes”, 8.8% (109) said “Sometimes” and 68.0% (846) said “No”. The difference between orphans and controls who do their own laundry is very significant ($p<0.05$).

Fig. 12: Indicators on material possessions of orphans and other children, The Gambia 2004 OVC Study



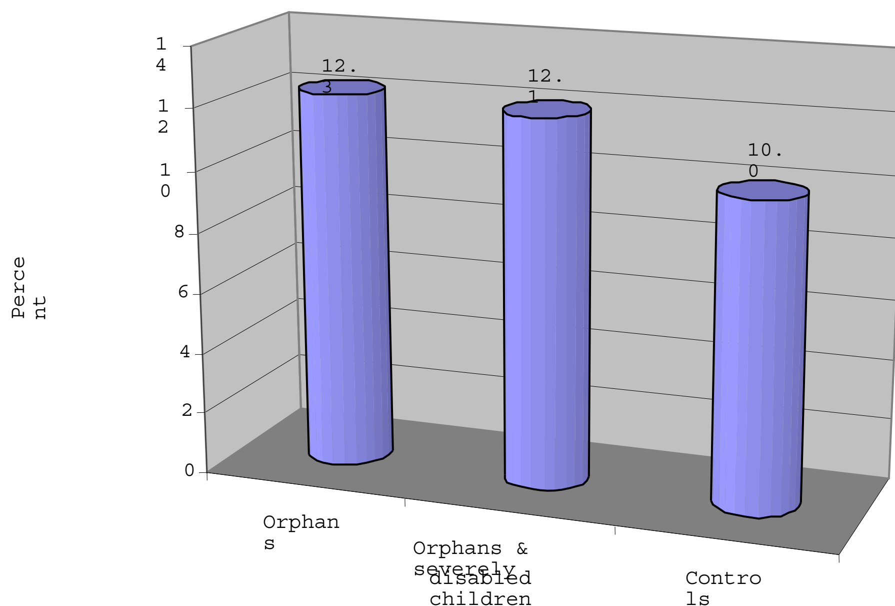
	Enough clothes	Shoes	Sleep on a mattress	Sleep under bednet
Orphans	96.2	93.0	94.9	46.1
Orphans & severely disabled children	96.1	92.3	94.7	46.4
Controls	96.3	92.0	96.1	54.5

Fig. 12 gives an indication of some basic possessions of children. An equal proportion (96%) of orphans, OSD children and controls reported having enough clothes to have one set being washed whilst wearing another one. Most also reported having at least one pair of shoes, 93.0% orphans, 92.3% OSD children and 92.0% controls; and sleep on a mattress, 94.9% orphans, 94.7% OSD children and 96.1% controls ($p>0.05$). Less than half of orphans (46.1%) reported sleeping under bednets compared to controls, 54.5% ($p=0.00004$).

Very few children reported that they sleep alone on the mattress, 6.1% (71) for orphans, 6.1% (74) for OSD children and 3.5% for controls. Most sleep with one or two other persons on the same mattress, 43.3% (503) and 38.3% (445), respectively, for orphans; 43.8% (532) and 37.9% (461) respectively, for OSD children; and 40.6% (493) and 43.5% (529) respectively, for controls.

Economic Situation

Questions on children's economic situation were posed only to those 6 to 17 years old. Topics included whether the children worked for money outside their respective households, what kind of work they do, whether they have other sources of money, and what they do with the money.



Both orphans and non-orphans work outside for money. One hundred and thirty-two (12.3%) orphans, 135 (12.1%) OSD children and 86 (10%) controls reported working outside their households for money, see Fig. 13.

Table 17: Type of paid work done by children outside of their households, The Gambia 2004 OVC Study

Type of work done	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Domestic work	36	28.6	36	27.9	14	17.7
Farming	15	11.9	16	12.4	5	6.3
Selling/street vending	31	24.6	31	24.0	32	40.5
Others[7]	44	34.9	46	35.7	28	35.4
Total	126	100.0	129	100.0	79	100.0

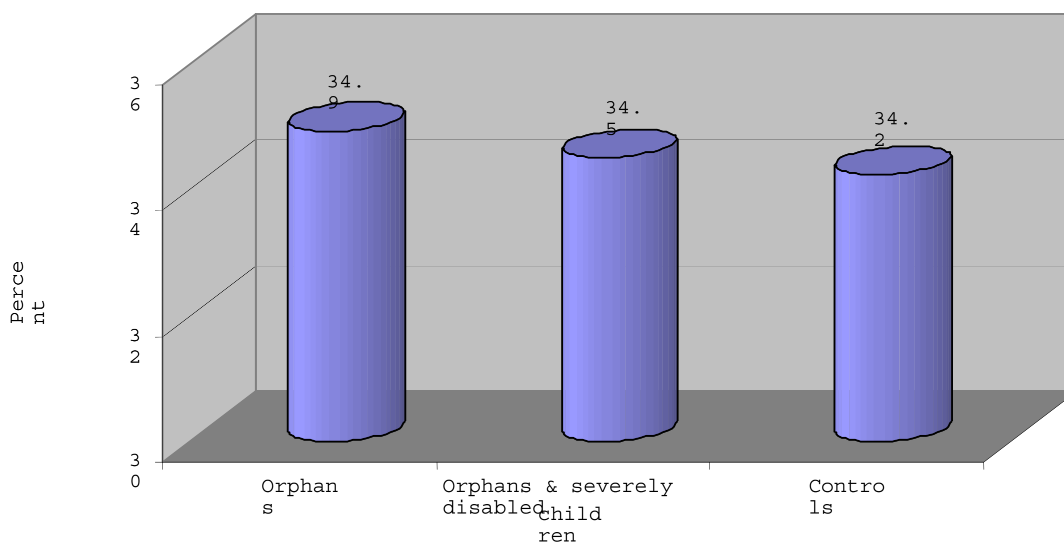
The most common type of work undertaken is domestic: 28.6% orphans, 27.9% OSD children and 17.7%

[7] See footnote under Table 10

controls; followed by selling in the streets: 24.6% orphans, 24.0% OSD children and 40.5% controls. Some also do farming 11.9% orphans, 12.4% OSD children and 6.3% controls, see Table 17.

Nearly two-thirds of the money earned by children from working outside was used by themselves, see Annex Table xiii. Among orphans 40.6% (52) and 24.2% (31) reported spending it and keeping it, respectively; whilst for controls 43.2% (35) and 23.5% (19) reported spending it and keeping it, respectively. Many also mentioned either taking their money to the household head, 7.8% (10) orphans, 8.5% (11) OSD children and 8.6% (7) controls; or keeping some and taking some to the household head, 10.9% (14) orphans and OSD children respectively, and 8.6% (7) controls; or spending some and taking some to the household head, 3.1% (4) orphans, 3.9% (5) OSD children and 3.7% (3) controls.

Fig. 14: Children who get money from elsewhere, apart from working outside the household, The Gambia 2004 OVC Study



Many children reported receiving money elsewhere besides work, 34.9% (372) orphans, 34.5% (383) OSD children, and 34.2% (292) controls, Fig. 14. These children reported receiving money from their mothers more than any other person, whether relative or non-relative. Among orphans and OSD children 22.1% (81) and 22.0% (83) respectively, got money from their mothers followed by uncles, 19.6% (72) and 19.0% (72) respectively; and brothers, 13.6% (50) and 13.2% (50) respectively. Most controls reported receiving from parents – mothers, 28.6% (82) and fathers 27.2% (78), more than any other persons, see Annex Table xiv. Those listed as “others” may include non-relatives such as sponsors.

As can be seen in Fig. 15, most children, whether orphans or not, did not work outside the household for money neither did they get money from any other source, 58.7% (617) orphans, 59.3% (650) OSD children and 58.3% (620) controls. Among those who received money most obtained it from other sources, and not from working outside the household, 29.3% (308) orphans, 28.9% (317) OSD children and 30.3% (322) controls. A few of them received money from both sources, 5.5% for orphans and OSD children, and 5.9% for controls.

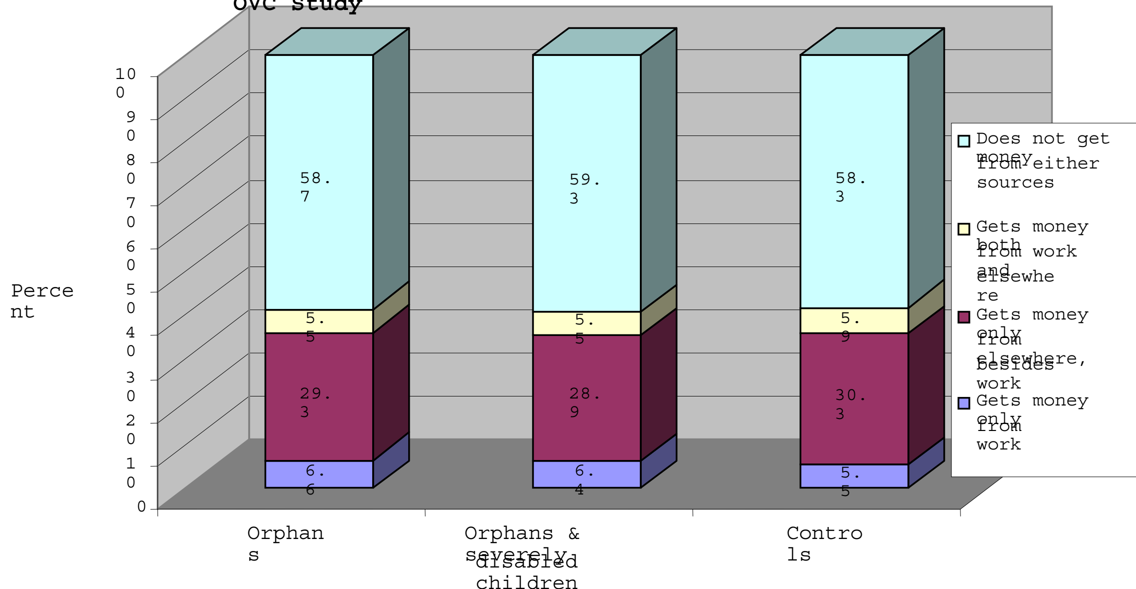


Fig 15: Children who get money from work and/or elsewhere and those who do not get money from anywhere, The Gambia 2004 OVC Study

Most children reported spending the money they acquired from elsewhere beside work, 84.8% (317) orphans, 85.2% (328) OSD children and 84.5% (245) controls. Very few said they keep it and fewer mentioned taking it to the household head, whether it is all of the money or part of it, see Annex Table xv.

Summary of Quantitative Results

The quantitative results have indicated interesting findings between orphans and non-orphans. As stated earlier whilst this is not a case-control study an attempt was made to compare the two groups. It is known that orphans are living in extended family settings which is one form of traditional social insurance. Under such circumstances sharing is a common norm. Whilst it is true that some guardians and carers may give preferential treatment to orphans under their care this may not always be the case.

The study found out that fewer orphans have birth certificates and clinic cards compared to non-orphans; yet more orphans had received DPT3 and measles immunizations compared to non-orphans. Whether this is due to the fact that birth certificates and clinic cards have costs attached to them for which non-orphans have two parents to rely on unlike the orphan; whilst immunizations are free and the child just needs to be taken to clinic to receive the injections, is not clear. Similarly under education, for those aged 7 and above, more non-orphans seem to be in school compared to orphans, with orphans seeming to perform better academically. More orphans seem to have discontinued school and more also seem to have never attended school compared to non-orphans. The cost factor seems to be evident too, especially considering the reasons for orphans never attending school: no one to pay school fees and parent died. Among children 3 to 6 years more orphans are attending nursery school compared to non-orphans. Why this is so however is not clear.

On feeding, more orphans reported that they eat with everyone else though more non-orphans reported having enough food.

Regarding sexual relationships and behaviour, more orphans 12 to 17 years seem to talk about boyfriends and girlfriends; talk about sex and having sex; have a friend who have had sex and have had sex

themselves; compared to non-orphans. Probably because of this more orphans seem to have heard about HIV/AIDS.

More orphans seem not to have soap to take a bath; they do their own laundry; and do not sleep under a bed net. Fewer non-orphans work outside the household for money compared to orphans. More orphans are doing domestic and farming work for money whilst more non-orphans are selling in the streets.

Whilst the above is not a conclusion that orphans are poorly treated, the results show that orphans are more disadvantaged in many respects and therefore prone to abuse. The extended family system, being the main traditional community institution seeing to the welfare and well-being of these children, needs support to continue playing this vital role.

Focus Group Discussions

Overall characteristics of FGD participants

A total of fifty-six focus group discussions were held, as follows:

- Twelve with orphans. Between 3-9 participants in each group, divided by age (10-14 and 15-17) and urban/rural locality. The children were asked how they viewed the situation of orphans compared with other children, in the areas of education, food, general care and well-being, emotional support, workload and opportunities. Sexes were combined since the questions were felt not to be sensitive, and the facilitators were careful to enable all children express their views.
- Twelve with non-orphans. Between 6-12 participants in each group, divided by age (10-14 and 15-17) and urban/rural locality. The children were asked how they thought circumstances are for orphans.
- Six with children found in the street in the various urban centres: three with ''almudos'' and three with children selling in the market. While the ''almudos'' were Fula, the street children were from the 3 main ethnic groups (Fula, Wollof, and Mandinka) as well as a few from neighbouring countries. The ''almudos'' came from villages in CRD. Most of these children were boys, and very few were orphaned. Most selling in the market were staying with their parents, and the ''almudos'' with their marabout.
- Two at SOS Children and Youth Village with 8 and 9 children respectively (aged 8-10 and 10-15, mixed sex groups) either abandoned, orphaned, or previously living in difficult circumstances. Twelve of these had entered SOS as a baby, four as toddlers and one at the age of seven. For these two staff members were also present.
- Nineteen with adult community members, ten with men and nine with women, with between 3-10 participants. Many of these participants were looking after orphans themselves.
- Five with widows, with between 3-9 participants in each group. The widows came from a number of different ethnic groups: Mandinka, Fula, Wollof, Jola, Bambara and Serere.

Additional information was also obtained from widows when the opportunity arose to talk with them during the consultant's visit upcountry.

The focus group discussants for the orphans, non-orphans and adult male and female groups were predominantly Mandinka, with at least one group in each category being Fula, Wollof, Jola or Serahuli.

Introduction to FGD findings

Information from the FGDs supplemented that obtained from the questionnaires. The FGDs were held in order to explore particular issues in greater depth. Participants were encouraged to express their views freely. This added to the quantitative information obtained and facilitates a greater understanding of the situation within the communities. The FGDs also broached other areas felt to be particularly sensitive. Reporting what was actually said gives meaning to the information acquired through the questionnaires.

The term for a child who loses a parent

The terminology used in local languages was frequently consistent, with much overlap between different ethnic groups, but there seemed to be differences of opinion as to the precise meaning of certain terms. In Wollof and Mandinka communities **"Bayo"** was reported to mean a child who has lost both parents, but

also a child who has lost one parent - usually the mother. **"Aliyatimo"** (from the Arabic term) means one who has lost both parents, or an orphan who has lost just one parent - specifically the father. **"Jirim"**, in Wollof, was also said to mean a child who has lost a father. "**Kilongdingo**" was reported to refer to a child who has lost one or both parents. This term, mentioned in both Mandinka and Fula communities, implies sympathy for the child, as they are thought to be 'lonesome'. In Serahuli **"Alhatim"** is the name for a child who has lost a father, and **"Gigireh"** one who has lost a mother or both parents. In Jola communities the name for a child who has lost a parent is "**Asukutenaw"**.

Are children losing their parents more frequently than before

Within all communities respondents said children were losing their parents more frequently than before, most reporting that more men were dying: *"We have many orphans, increasing over the last three years. More men die than women in the community."* URD Fula village woman; *"Losing one or both parents is more common these days, especially fathers. This is verified on going into a compound and asking for the compound head - you'll be given a negative reply."* Kaur man; *"It is mostly men dying. When you go to a compound you see mostly women around. Whereas there were five (men) before, now there are three, the other two having left young children."* Sandu Darsilameh widow.

However this was not the case for one community: *". more women died this year. Last year it was more men . . in my compound three women died."* URD Serahuli village man. A Brikama man felt death is affecting men and women equally while those in Banjul noted a different age group dying, not just the elderly. Last year three members of their social group died, all with children. In a Jola village in Foni an elderly man reported: *"There are more deaths this year than there has ever been, especially of youths and young men.*" An old woman in this village had lost three sons in the last eighteen months.

URD Mandinka village men did not consider such deaths on the increase: *"I cannot figure out a vast difference since it is an everyday occurrence, happening all the time"*. This in a community with a large number of widows. *"A baby girl not long ago lost both her parents and has no-one but a grandmother to look after her."*

Some attributed these deaths to Almighty God, witchcraft, "natural forces", and in men to stress. A URD Serahuli village man felt the increase in parental deaths was due to the increase in population. A number gave a medical cause of death, hypertension and malaria mentioned most frequently, followed by maternal death (particularly in URD), diabetes, tuberculosis and anaemia. Some could not be specific and mentioned various symptoms which could be related to many things: "*The cause of deaths is not known . . . but a frequent complaint is general body pain."* Foni Jola village man. Other symptoms mentioned were high fever, headache, stomach pain, continuous diarrhoea, continuous menstruation, sore throat, chest complaints and coughing. A Foni Jola village woman added: *"We tried traditional healers but to no avail."*

HIV/AIDS was not generally recognised as a major cause of death, despite probing. However some men in Banjul felt HIV/AIDS related deaths had possibly occurred in their community, from the appearance of some people who had died, but reported a reluctance of people in the community to discuss this. In URD several from Mandinka and Fula communities spontaneously mentioned AIDS: "*We understand that AIDS is the cause of death for many men and women, mostly men, but this is not confirmed because we are not medical personnel"*. URD Fula village woman.

One Serahuli woman in URD who three years ago lost her husband from a medical condition had previously lost two sons, both of whom had travelled within the African continent. Her sons' six children are now her responsibility, one daughter-in-law having also died. However the woman would not admit to suspecting HIV/AIDS as the cause of any of the deaths.

The age difference between many men and their wives was mentioned: *"There are men who marry partners young enough to be their grandchildren. They start all over again struggling to maintain a*

young family while trying to satisfy the wife as a man. As a result men die mo re often than women." Koli Bantang widow. And the effect of polygamy was mentioned: *"If a man with four wives dies, there'll only be women in the affected compounds and households."* URD Serahuli village widow.

How families and the community deal with a child when the parents die

"Each household is responsible for its orphans." Bundung woman; *"There is the extended family system. Traditionally if a relative dies and leaves behind orphans and widows the other relatives take up his family, both the children and mothers."* Brikama man. *"Families take in brothers' and sisters' children to look after them as their own. It is a tradition to do so, especially young ones who cannot look after themselves."* Brikama man; *"It becomes the responsibility of the household head, close relatives."*; *"The eldest in the home takes care of the home's orphans."* Foni Jola village men; "*Close relatives take orphans, especially the mother's relatives. Very rarely are orphans not taken in."* URD Fula village woman.

Recognising that many orphans have lost only one parent several mentioned that the surviving parent would take care of an orphan. Many were specific and distinguished between a child who loses a mother and one who loses a father. Generally female relatives, usually those of the mother if the mother died, were named as caregivers, while male relatives, often the household head, were named as those responsible for the orphan. Some mentioned family members on both sides sitting to decide, although it appears that each situation depends on who, within the extended family, is available and appropriate, the role falling to grandparents if there is no such younger person.

"If the mother dies the child is given to the mother's elder sisters, together with the relative of the father." Kaiaf woman; *"When the mother dies her close relatives, like sisters, in the community take care of the children."* URD Fula village man; *"If a girl child loses her mother she is given to the mother's relatives to care for and bring her up."* Kekuta Kunda woman; *"Sometimes if the mother dies the sister or the grandmother will take care."* URD Serahuli village man; *"If there is none of these close relatives the maternal grandmother takes the child*." URD Fula village man. Grandmothers were mentioned more frequently within URD communities.

Alternatively: *"If the mother dies the orphans are taken care of by the co-wife."* URD Serahuli village man; "*Some (who lose their mothers) are looked after by their father's wife."* Kaur man; "*If the mother dies the father together with the mother's relatives take care of them."* Kaiaf woman; *"If the mother dies the father or his relatives are responsible for taking care of the child."* Foni Jola village woman. Kekuta Kunda men specified that they look for a woman like the mother who is breastfeeding.

"Those who lose their fathers are looked after by their biological mothers." Kaur man; *"If the father dies the mother is there and the father's brothers take responsibility."* Kaiaf woman; "*When the father dies his close relatives like the brothers in the compound take up the responsibility of care for the children. It is obligatory for anyone affected."* URD Fula village man; "*Brothers and relatives of the orphan's late father are responsible for the orphan."* URD Serahuli village man. "*If a boy child loses his father he is given to the father's relatives, the brothers or so"*. Kekuta Kunda woman.

"If both parents die the mother's relatives are responsible."; Foni Jola village woman; *"If the child is very young the father's mother will be responsible."* URD Serahuli village man.

The situation may however be different, or change, for older children: *"Some orphans do not agree to leave their father's compound to live with other families when the father dies, other people may take some orphans, but in the end the orphan may come back to their original home. Some orphans want to be taken back to their father's home."* URD Fula village woman.

Vulnerability of orphans and other children

A man in KM felt children who lose a parent are vulnerable since such children lack intimate parental love. Brikama women believed that children who lose their mother suffer most since men never look after children, and that stepmothers care for them differently: "*They cannot be treated equally because naturally they are not their biological offspring."* and that *"Problems arise when there is discrimination between an orphan and other children."*

Brikama men said orphans undergo difficulties regarding feeding, clothing, school expenses and health care, noting: *"If the child is cared for by someone who is poor that child is in a vulnerable situation."* While Kaur women noted: *"If the child lacks proper care and proper housing they are vulnerable." and "A child may be looked after by an aged grandmother who is unable to meet all the needs of the child, and the impact on the child is significant."*

Some considered the situation similar for foster children: *"Similarly for a child with parents alive, but living with foster parents, although he can then go to his parents if need be, but not so for an orphan."* Brikama woman. While others felt that if an orphan is given fair and equal treatment they are most likely to live a better life, and Banjul and Bundung women reported that an orphan may be more privileged than one's own children.

A man in KM recognised that children with both parents living could be vulnerable if the parents couldn't care for them properly or couldn't afford their basic needs: *"Our locality is filled with children who have no proper home-care. The parents are not taking proper responsibility for raising their children. The children don't go to school but spend the day playing football and roaming about. They eat wherever food is available for them, and they go to bed very late."*

Other children mentioned as being vulnerable were the physically disabled, the visually impaired, and ''almudos'': *"There are also children who are beggars and are not properly taken care of by their host teacher but who'd be given fresh food by sympathizers in the village, and the children would then bring some firewood in exchange for lunch or food."* Kaur woman.

Willingness of people to take in orphans

Responses were varied when community men, women and children, including orphans, were asked whether people are willing to take in orphans. Many see it as an obligation, with little or no choice *"My brother's children are my own children whether one likes it or not."* Foni Jola village man; *"Everybody should be involved in helping orphans, it's God's ruling that orphans be given special care."* KM man.

Many stated there was a willingness: *"People are happy and volunteer to take in orphans. As soon as a parent dies there are people ready to take them: co-wives, maternal or paternal grand mothers or fathers."* Kerr Jarga Jobe orphan; *"Normally, people don't mind taking orphans because God provides and not us."* URD Serahuli village woman; "*Members of the community are willing to take orphans and care for them. There has never been any incidence of refusal or unwillingness to take orphans*." Foni Jola village non-orphan; *"People are always willing to take in orphans because they are our own children especially if the orphan's father was a brother."* Foni Jola village men*; "Our own children could become orphans, so the help we render to orphans today could be reciprocated."* Banjul woman.

However not everyone agreed: *"Not all people are ready to take care of orphans. Some are reluctant because they fear they cannot feed them, or they're unwilling to share the little they have."* Kerr Jarga Jobe non-orphan; *"Some don't want to take in orphans because their resources cannot cater for everyone."* Kerr Jarga Jobe non-orphan. *"Some people are not kind enough to cater for those other than their biological children."* widow from URD; *"Some take in orphans, some don't - they believe that when the orphans grow up they will not consider those who cared for them, or that they may even turn against them."* URD Fula village non-orphans.

Difficulties encountered in looking after orphans

People were very concerned about the economic consequences of taking in orphans. *"Difficulties are encountered regarding accommodation, provision of food, clothing, school fees and expenses."* Brikama woman. *"Men also have their own families, which makes it difficult to take on other children because of poverty. And the community doesn't assist because everyone is poor."* Several men mentioned the expense of feeding an orphaned baby, and one the problems encountered when small children fall sick.

"People don't always want to shoulder responsibilities that they cannot bear - the cost of catering for the family properly, school fees, feeding, medical bills etc." Banjul man. A woman in Bundung felt if the caregiver was not sure he could handle it, it was best not to take on the responsibility of taking in an orphan *". . . because if he does he definitely will be creating problems for himself and his family and the orphan in the future."*

"Families are faced with difficulties - like accommodation where you'd be living in a two roomed house with your family of four and to add maybe two to three orphans to share the same bed with yours; it brings about inconvenience to all."; *"Feeding too becomes another problem since the prices for commodities are accelerating every day. To avoid this some are obliged not to take in orphans"* Kaur men.

However many women reported that they are the ones shouldering the responsibility of looking after orphans: *"We take the responsibility of orphans on our own, except on occasions when the father's relations assist in feeding."* Kekuta Kunda woman; *"For orphans without fathers the burden is on the woman alone. She is responsible for all the needs of the children - school fees, feeding, soap, clothing etc. Sometimes relatives help but that is limited because of the responsibility at their own family level. Most of the time we do not have anybody to help."* Foni Jola village woman.

Some widows are faced with enormous problems: *"When my husband died I had thirteen children. Of those thirteen I had only just weaned the second to last child, and the last one didn't even see his father."* URD Mandinka village widow; *"The welfare and care of orphans is difficult, feeding and clothing is always a problem. If we have people who can help that is fine, if not we have problems. My husband died and the following year his elder brother died. So all the children are now left with me."* Kaiaf woman.

Coping mechanisms utilised in looking after orphans

Many widows do petty trading or laundering as the means to get by: *"In the dry season I sell to make a little profit. From this I buy rice to feed myself and my children, but even with that if we eat lunch we don't have dinner."* URD Mandinka village widow; *"When we get paid for laundering we are able to have fish money for the family."*; *"We use the little money that the children who work e.g. the maids and apprentices, contribute to the family."* Tallinding widows; The URD Mandinka widow with thirteen children said: *"I brought up the children through my own wisdom; I have undertaken petty trading, and with the last child I begged alms."*

Others focus on farming and gardening, however for some of those interviewed last season's harvests were devastated by flooding: *"During the rainy season we are dependent on the rice cultivation for our survival, normally we only buy condiments but this year its tough, all our rice for feeding our children was flooded, now we have only the gardening to help."*; *"This year all our farms were destroyed;. even for the other years there will not be enough seed."* URD Mandinka village widows.

"Immediately after my husband's death we had some assistance, like a bag of rice, which is customary in our culture. But it was just that - temporary help. There is no other assistance of any nature after the customary mourning period of four months." Tallinding widow. Some women reported there was no help

from their husband's family side one adding that some don't even have husband's families. *"The difficulties I have are compounded by my marriage to a refuge who has been displaced by the war in Sierra Leone."* URD Mandinka village widow.

In some places community members gave a little assistance but not on a regular basis. As widows in a URD Mandinka village reported: *"We cannot have help from anyone here because everyone in this community has serious difficulties, so no-one can help the other."*; *"The difficulty in this country is not that people don't want to help, but that everyone is experiencing a difficult time."* However one did note: *"There is only one man, a marabout, who helps if you are lucky. He gives out rice as a ration to the poor in the community."*

The situation for women caring for orphans was often similar to that of widows in that they engaged in activities like gardening, rice farming and selling fruit in order to obtain the basic necessities for orphans. Similarly men depend on farming, fishing, or selling firewood or fruit. Men also said they go to relatives or borrow: *"If you have difficulty with the extra burden of orphans you go to relatives for help."*; *"Things are hard during the rains so we sell our assets, or borrow, to take care of the family and orphans."* Foni Jola village men.

In Kekuta Kunda a man reported *"If the children are sick and the caregivers are unable to treat them we help each other to take them to the health centre for treatment."* However in the same village a woman requested: *"Government should help with feeding, clothing and school fees, and bednets in the rains to protect the children from malaria because taking a child to the health centre for treatment completely sets back work in the fields."*

The help of government and other organisations was requested elsewhere *"Government should come in to address these shortcomings. Government has the capability. Individuals are trying their best."* Bundung woman; "*The government should come in to help the least privileged in the area of education, health, feeding, renting of house."* Talinding widow. Brikama men called for support from government, the area council, CCF, and Social Welfare for school fees, feeding, clothing and medical care. *"NGOs and CBOs should be accessible to the public where needy children could be registered and needed help and support be given."* Banjul man.

A Banjul woman suggested youth development groups could help in counselling and income generating ideas, and training on self-sufficiency; and Banjul men: *"Orphans above school age should be helped to learn a skill or trade and a progressive follow-up made. Communities should try to fit the orphans into society and not see them as a liability and burden."*; *"The Department of Social Welfare should be assisting in caring for orphans. Orphans should be registered with the department."*

Groups in the community that provide assistance

There are very few communities where there are groups or committees specifically assisting orphans. In URD an organisation has recently been formed (AFWORD) involving community members of a number of villages, but the widows and their children are yet to receive any significant assistance as a result of the association. In Sibanor a group had come to assist orphans, but nothing had materialised.

A Banjul man reported that Banjul City Council helps the needy at times but requires funds to help orphans, and one with six orphans reported receiving help from a project in Western Division. However another in Banjul commented: "We *only hear of UNICEF involvement in caring for orphans and street children, and Social welfare with clothing and food etc."*

Some people were aware of the CRS programme, but knew that it was not focusing on orphans. Brikama men said they realised support sometimes came from the Area Council, CCF and Social Welfare, and that there had been a meeting with government regarding support for orphans and wheelchairs for the physically disabled through social welfare. Brikama women mentioned an organisation helping orphans,

but couldn't give the name. An Islamic organisation is also located in Toubakuta which helps orphans and other vulnerable children with food, clothing and money, and the disabled people with Tobaski rams. But even with the assistance in Brikama there appears to be no coordinating group.

A number of organisations were reported to be operating in URD Fula villages. Several mentioned CHIGAMBAS (Children of the Gambia, Basse and Suduwol) which assists orphans in the area of school fees, uniforms, stationery, foodstuff, toys, clothing and sport materials. For this organisation the children are registered on their seventh birthday to be enrolled into CHIGAMBAS nursery school. URD Fula village non-orphans also reported orphans get support from the Catholic Mission, and others from Peace Corps.

Education

When asked if there were differences between orphans and non-orphans with regard to education many children felt there were considerable differences, mostly because there was no-one to pay school fees following the death of parents: *"I was asked to leave school for the first time. This was because there was no-one to pay my fees after the death of my father."* Banjul orphan. *"I had to drop out of school at Grade 5. Presently I am learning to become a mason. Other children are fortunate because they depend on their parents whilst we have to strive to survive."* Orphan in KM; *"We have difficulties with children's education because from Grade 6 all the expenses fall on us, from payment of school fees to buying pens, books. It is all on me the mother. Until the children got to Grade 7 I had been paying school fees, and anything else they ask for from the school. Whenever there is a demand from school I must provide it or they are sent home."* URD Mandinka village widow.

As a Brikama orphan pointed out: *"Two parents can combine their little resources in order to pay school fees on time; an opportunity not available to a child who has lost one or both parents.*", and a Kerr Jarga Jobe non-orphan: *"Money is a big problem, especially if one is from a poor family."* Community members also mentioned the difficulty of paying school fees for orphans: *"Sometimes education expenses are difficult to take care of, there are cases of interrupted education."* Foni Jola village man;

"When the school asks for fees to be paid I tell my mother, if she does not have it I go to other relatives for help. But this is rare." Foni Jola village orphan; *"The guardians are not always willing to assist."* URD Fula village non-orphans.

In some communities children spoke of orphans receiving assistance with their educational expenses: "*In terms of education expenses, uniforms, fees etc. sometimes there maybe some sympathetic people to help us. So we are the same as those with both parents alive."* Kerr Jarga Jobe orphan. Some felt orphans were more advantaged in this respect: *"It is easier for orphans with regards to education."* URD Serahuli village non-orphan; *"Orphans may have better support from the communities to take care of educational expenses."* URD Fula village non-orphans.

However some recognised orphans have other constraints: *"Some go to school without lunch money."; "Some lack proper care and do not have all the necessary learning materials."*; *"Some borrow writing materials as some guardians are not always willing to assist.";* URD Fula village non-orphans; "*School books are the other problem we face, we have to buy the books ourselves."* Foni Jola village orphan; *"Some are restricted in their choice of school because their services are needed on the farm."* Farafenni non-orphans. Brikama orphans mentioned difficulty in having a uniform, shoes and stationery, and Sibanor non-orphans mentioned lack of basic necessities, difficulties travelling to school; lack of money, no candle at night to study at home, and their involvement in labour resulting in their being too tired at night to read.

The majority of street children had missed out on education: *"Other children have the opportunity to have Western education, whilst we are not able to because of poverty, that's why we're shoe-shining - to have money to take care of ourselves."* Banjul 'almudo'. However Farafenni 'almudos' said they did not envy

other children the opportunity of going to school, and Brikama boys said they had the same educational opportunities as other children since they learn the Qur'an every evening after they closed from the market - but these comments contrast with their later responses about the future.

Many orphans felt that the missed opportunity of education, or the lack of school fees for continuing their education, was one of the most difficult aspects with which to cope: *"Presently if my school fees are not solved I may be a "drop-out" resulting in my becoming a farmer while seeing my fellow school-mates in offices."*; *"I fear my future because I am really worried about my schooling, whether I will be able to complete it. Only last week I was sent out of school because I should have paid D1000."* Farafenni orphan.

Many comments regarding school fees were made by boys, although Sibanor non-orphans said that before the introduction of free girls' education the female orphans had been finding it difficult to have their school fees paid.

Education was also an issue mentioned in response to the questions relating to what orphans and street children would like to change in their lives: *"I would love to go to school to learn; after attaining a level of education I can earn a living by having a job."* Serre Kunda street girl; or in response to how else they would like to spend their time: *"I would like to spend most of my time having Western education so as to have a good job."* Banjul 'almudo'. (In contrast Basse street 'almudos' felt Western education is for worldly affairs only, while Qur'anic education is for the next world.)

Education also featured strongly when orphans were asked what they saw the future holding for themselves. Sibanor orphans said if they have help to complete their schooling and have jobs, then their future would be good. And most children hoped their own children would be educated, and not have to endure the same kind of life: *"I would not like my child to be selling water. I want my child to go to school; after schooling I would like her to go to America."*, Serre Kunda market girl; *"I want my children to have a good education so that they can be able to help themselves."* orphan in KM; *"I would like my children not to go through the hurdles I have gone through. I would send my children to school to be educated and be able to earn a decent living."* Serre Kunda girl; *"I would send him to school so that he would get a good job."* Soma shoe-shiner. Education is clearly seen as a way out of poverty.

The Brikama street boys said that as school drop-outs and illiterates they would encounter problems: *"If you are half educated you end up being nowhere because you are no longer in school and you lose opportunities like leadership if there is one to be chosen."* Non-orphans also mentioned the importance of education for orphans: *"If orphans learn skills, are well educated, and have good jobs, they can become responsible people in the society thereby they can help themselves, their families, other orphans and even other people in the community."* Sibanor non-orphan.

Orphans at the SOS Children's Village felt that they were more advantaged than many non-orphans with regard to education: *"Here we are different - in education - here they pay for us - but there they struggle to have money to pay for their education."*; *"Some use candles and it is not easy to study in candlelight."* The older children also considered they had other educational opportunities: *"You have to be serious with your education and you will get it, university. It is very easy."* They all expected their children to go to school: *"To be well educated, successful, . . . so they can be somebody tomorrow."*

Food Availability

Comments relating to food availability indicated that people think orphans are at risk of not having sufficient food, and indeed they reported that they often suffer from lack of food: *"Non orphans have better food because fathers work and get money for food."* URD Fula village non-orphan; *"At times there is no food in the house for us. Some of our good neighbours would help the smaller children with something to eat. When our father was alive things were a bit better. Since my father's death we have been encountering lots of difficulties."* Banjul orphan.

Brikama orphans also said the food they eat is insufficient, one orphan mentioned the difficulty in concentrating at school when not having breakfast most mornings, and *"Those of us with single parents don't have enough to eat while the others have a lot."* A number of orphans mentioned going to school with no money for lunch: *"Children with parents go to school with lunch money, with us that is not possible."* Ja Kunda orphan.

However some received assistance in this area: *"There is very little difference between us as we don't have problems when it comes to food because we work hard on the fields with our parents and also are helped in this area when the need arises."* Kerr Jarga Jobe orphan.

The economic status of parents, which may also affect non-orphans was mentioned: *"It all depends on the economic status of the household the orphan or the non-orphan lives in. There are some non-orphans who do not have good food."* Foni Jola village orphan.

SOS children felt that they had greater food variety than other children generally, having experienced the local diet during visits to their extended family.

Clothing and feast days

Orphans were also felt by non-orphans to experience difficulties with regard to clothing. This was verified by orphans: *"We do not get the same type of clothes and dresses like those with parents alive, we cannot have those things. We know if we had our mother this would not have been a problem. All the children in the compound have several dresses but I have only one. If there is an occasion the other children will put on nice dresses, but for me there is nothing to wear. The only dress I have is torn and if I go out wearing this my peers laugh at me. They say "Look at you, you have only one dress!"* Kabakamma orphan.

Brikama orphans also said orphans are the ones poorly clothed, but contrasting opinions were also found: *"People who had a good relationship with our late parents help us with clothing and shoes."*; *"We don't miss anything others may have e.g. clothing and personal care. Kerr Jarga Jobe orphans."*

The younger children at the SOS Children's Village, in comparing themselves to all other children reported: *"We have clothes, shoes and things we need. Others outside have torn clothes, no shoes, walking in the streets smoking."* Similarly the older children said they had good clothes, without it being torn. *"Outside children wear torn clothes, rags, blacksmith's clothes."* The older children saw that outside the children struggle, while for them it is easy.

Feast days were mentioned by several as being different: *"What our mothers buy for us, orphans have no mother to buy it."* Kekuta Kunda non-orphan. Sibanor orphans reported that during Muslim feasts orphans are provided with only one set of clothes, while non-orphans have a second set for the following day. And a Banjul orphan said: *"Children within the community mock me for not having the same opportunity they have. Like this Tobaski feast. Because my father is not alive we could not have a ram; the other children uttered all sorts of disheartening things. Children whose parents are around have better opportunities. Even clothing for the feast we could not have."*

Resources

It was frequently mentioned that children with both parents alive benefit from the combined resources of their mother and father, which is not the case for orphans. *"Non-orphans have both of their parents who can join efforts and assist their children, compared to only one parent."* Soma widow; *"For children with both parents, they are able to provide help, and what their children request, which is not the case for orphans;"* Farafenni child; *"Orphans do not have the opportunity of two parents coming together to assist and support them."* Brikama man. "*The non-orphan finds it easier to get clothing and health care because they have both parents to depend on. If their mother doesn't have money their father will have*".

Foni Jola village orphan.

"Orphans may receive money, but with difficulty because the parents are not alive." Foni Jola village non-orphans; *"The orphans whose father has died but mother is alive have problems because it is not easy for them. Their mother does not easily have money."* Foni Jola village orphans. *"The single mother has to be responsible for both food and health problems, and as some have doubts about the future benefit of assisting orphans they may not help."* URD Fula village non-orphans. Kaiaf women said it is difficult if one does not have what is needed for the orphan, as they start thinking about their parents and how it might have been if they were alive. A similar comment came from children: "*They think about the loss of parents especially when they cannot afford all what they need"*. URD Fula village non-orphans.

Children in KM recognised that sometimes orphans stay with grandparents who are not actively productive with constraints in adequate care and paying of school fees. *"One would definitely need an outsider to intervene and sponsor such an orphan."*; *"Lack of sufficient resources by a foster parent is a big challenge in bringing up a child who is not his own. Even though he may have a sincere desire to help he is simply unable."* Banjul man.

A few children did however give a different view: *" . . . but with some orphans the close relatives are well-off and can adequately take care of orphans"*; "*Some orphans have proper care and one cannot differentiate the children of the compound from the orphans"*. URD Fula village non-orphans.

Health Care

Brikama non-orphans felt they had easier access to medical facilities. *"Orphans have problems even going to the health centre."* URD Fula village non-orphans. This was borne out by the comments from orphans: *"It is even easy for them to get money and go to hospital which I don't have."*; *"Those with parents will be taken to Yorobaol while for those of us without they will only buy paracetamol.";* Ja Kunda orphans.

The malaria season is rampant in this region and I'm always at the health centre. Hardly a month goes by without my going to the health centre. If this one is not sick the other one is. Taking a child to the health centre is money because whenever you're there you're given a prescription to get the medicine from the pharmacy, so you must go with money. These are the difficulties we encounter as widows." URD Mandinka village widow.

Again some orphans were not worse off: *"Our health conditions are the same for we have support from other family members as well as the community."* Kerr Jarga Jobe orphan. In the SOS Children's Village the younger children reported that when they are sick they are taken to the SOS clinic where they don't have to pay, unlike other children attending.

Housing

Thoughts from non-orphaned children on the difference between the living conditions of orphans, as compared to themselves differ, even within the same community: *"It's not the same: non-orphans would have support with bedding and bed-nets from parents."* URD Fula village non-orphan; *"They live in the same housing condition mud or cement."* Kerr Jarga Jobe non-orphan; *"Non-orphans have better housing conditions because both parents are alive and they make efforts to ensure we sleep in good places."* Foni Jola village non-orphan; *"Conditions are the same for both orphans and non-orphans*." Foni Jola village orphan.

Discrepancies in the responses from orphans themselves reflected rural urban differences: "*Our parents or guardians try very hard to provide us with good housing*." Foni Jola village orphan; "*When our father was alive things were a bit better. Since my father's death we have been encountering lots of difficulties;*

at present we are in arrears of house rent for four months." Banjul orphan. Several orphans from the Kombo area were either living in a dilapidated house, not being able to afford anything better, or were faced with eviction because of rent arrears, which one woman suggested would be overcome if other families who could afford it were willing to provide a free house for families in need.

Workload

Differences between the workload of orphans and non-orphans depended on the locality. In Brikama non-orphans reported they were engaged in less domestic and other types of work compared with orphans, while orphans claimed to be doing more cooking, laundry, fetching water, sweeping etc. *" . . because non-orphans' mothers do most of the domestic work."*. And an orphan from KM said: *"I do petty trading to have some money to cater for myself. Other fortunate children are better off; for they have less work to do."*

While children in Kerr Jarga Jobe reported: *"It's the same - any kind of work, be it the house or farm work there is no difference."* non-orphan; *"We all go to the farms and work at home equally well and whatever non-orphans do at home we do the same kind of thing, from housework to farm work."* Kerr Jarga Jobe orphan. Children in a Foni Jola village, who were all in school, also felt that they did the same work, and gave a list of the daily chores undertaken by the boys and the girls, which while demonstrating gender differences were comparable for the orphans and non-orphans.

URD Fula village non-orphans were concerned about stepmothers overworking orphans: *"Stepmothers frequently report the orphan to the husband for unwillingness to work. If the father loves the new wife a lot the orphan suffers and works too hard. In the presence of the father the stepmother praises the orphan, then the reverse happens in his absence*.'; *"Because of the extra labour some orphans do not survive long because of the stress and too much thinking."* URD Fula village non-orphans.

At the SOS Children's Village all the children had chores. Younger children were involved daily with sweeping and cleaning, and helping their mothers before they go to school, and older ones with cleaning, cooking and helping with the younger children. One of the boys was noted as being the best cook. He prepares the breakfast and helps his mother to cook lunch: *"Sometimes if my mother is out I'm the one who will cook rice and soup. Some of the boys go to the football field and play, but me I'm there."*

Discrimination

It was recognised that orphans should be treated as one's own children: *"You have to do the same things for orphans as you do for your own i.e. treat them fairly."* URD Mandinka village man. However it was also recognised that this was not always the case: *"You can see orphans who you can differentiate from non-orphans because of the difference in caring."* URD Mandinka village man.

Comments by some orphans substantiated this: *"As a foster child in a different household one may be expected to undertake the household chores rather than be sent to school."; "How you are controlled in the compound is not the same as the one whose mother is within the compound."; "When a father has another wife she prevents him assisting the children who have lost their mother."* Farafenni orphan; *"Non-orphans are better treated at home by their parents while orphans are not treated well since they have lost their parents."* Sibanor orphans.

Some non-orphans expressed the same regarding discrimination: *"In the case of fostering it would be natural for the first priority to be given to ones own child, and to have more sympathy from a biological parent."* non-orphan; *"Some people may not treat orphans like their own children; in secret they do things for their own children and not for the orphan."* URD Serahuli village non-orphan; *"Kids whose parents are not around are badly and unfairly treated. Some are treated inhumanely."* Bundung non-orphan.

In contrast: *"One makes every effort to satisfy the needs of the orphan, so as not to fail her."* Kaur woman looking after an orphan who claimed there was no discrimination between her own children and the orphan, even possibly doing double for the orphan! "*My grandfather does more for me than he does for his own children. I sometimes work less and benefit more than his own children*." male Kerr Jarga Jobe orphan.

Some adults felt it is the child's character or ability which results in their discrimination: *"If the orphan is a willing and respectable child he finds it easy to live in a fostered home. This gives foster parents courage to help the orphan just as they would for their own child."* Bundung woman, *"If children lack a good thinking ability due to social or mental problems they are sort of isolated."* Banjul woman.

Another felt it depends on the attitude of the guardian. *"Some make orphans work more than their (own) children because there is no one to tell him to stop. But if you are over sympathetic to the orphans you end up spoiling them, and because they are not serious in work they have difficulties in the future."* Foni Jola village man.

One group of orphans in the urban area perceived a degree of prejudice from their neighbours: *"I have been wrongly accused by one for stealing a neighbour's gold chain worth D17,000. This person normally gave us leftover food to eat. On this particular day she simply accused me because of my poor status. If we had enough food like other families I would not have gone to collect the leftovers in the first place; so wouldn't have been accused. My elder sister had a similar experience."* Banjul orphan.

Emotional Care

A number of comments were made about the emotional effect of losing a parent: *"A child who loses a parent loses parental love which is not easily replaced by a foster parent."* Banjul man; *"Children with parents are always happy, leaning on their mothers and fathers, whilst the orphan has some degree of shyness and sits by himself all the time."* Kekuta Kunda man.

Some were specific in saying the loss of a mother had the greater effect: "*Every person would prefer to have both parents around, particularly the mother. Motherly love cannot be compared to anything for an exchange."* Banjul women; "*There is this longing for the missing parent, although this is not as bad as losing both. The eye contact of a parent mother is so special, that no-one can replace her."* Kaur man; *"The physical absence of a parent could for some be quite devastating. After the death of a wife, a father who has another wife gradually tends to forget about the predicament of the child."* Banjul woman.

Non-orphans suggested that orphans would especially feel the loss during events at which other children have their parents, like school prize-giving; while an orphan commented: *"If you have a quarrel with someone his father will take his part while you have no-one to do that."* Kekuta Kunda orphan.

However for some there is no such loss: *"My mother died very early, I did not know her but my caregiver is very kind to me, I don't even realize my mother is dead."* Kekuta Kunda orphan. Some emphasised the efforts that the foster parents must make, including counselling, in helping the child adjust to their new surroundings, although the belief was often reported that since the situation of orphans is so sad and sensitive, no matter the effort made it will not compensate for their loss.

Who can children talk to

Unsurprisingly non-orphans asked who they would talk to if they have problems mostly said their parents - for a variety of reasons: " *. . my mother who has more sympathy for children."; " . . father or mother, if one cannot afford to solve the problem the other can."; "Father for he has more than mother or grandmother."* Kerr Jarga Jobe non-orphans.

Similarly non-orphans, and some community members felt orphans would talk first to their surviving

parent: *"The orphans talk to the mother or father depending on who is alive, or any person who is kind to them."* URD Serahuli village non-orphans; *"Orphans talk to the surviving parents, elder brothers or sisters who may be working or having an income."* Foni Jola village non-orphan. Some suggested other relatives, or friends: *"Orphans go to parent's friends or those who are kind to them. They may go to the only parent or grandparent."* Kerr Jarga Jobe non-orphans; *"Their guardians and older brothers; anyone they think can help them."* Bundung non-orphan.

Responses from orphans were similar: *"First you have to talk to your living parent and then a guardian if there is any around."* orphan in KM; *"We talk to our grandfather, he calls me in the house and asks me what I want or need."* Kerr Jarga Jobe orphan. However one girl reported she doesn't talk to anyone about her problems, except her grandmother about her school-fees. She does not talk to her stepmother whom she said is very harsh. And for 'almudos': *"We have elders among ourselves whom we talk to first before we can talk to our marabout."* Banjul 'almudo'.

The younger children at the SOS Children's Village said they talk to their mothers when they have problems or are in need of something, others mentioned the "father", "mother speakers" or counsellors, and some mentioned specific members of staff. It appeared that there is a possible chain of people they can speak to. One child confidently told the facilitator who said she did not talk to anyone when she had a problem: *"You should not sit down like that but go and find somebody who will help you!"* The older children talk to their parents, father, youth leader and supervisor.

Involvement of children in decisions affecting them

Many community members reported that they involve children in decisions which affect them, in particular with choice of school, choice of marriage partner, and choice of clothing and shoes: *"People in this community have agreed that their children should be involved in any decision affecting their life, like choosing schools and buying clothes. They are always involved in decisions relating to marriage to enable them have a happy married life."* Brikama man.

But this was not so everywhere: *"Some are involved while some are not. It is not forcibly done, but its the norm and tradition of doing things for children as one would wish, without complaint."* URD Mandinka village man. Some widows said they didn't involve their children. A Wellingara widow did not do so when she wanted to buy something for her son because he might choose something she could not afford. She felt that if he was used to deciding things for himself then he would not even consult her. Another said: *"I surprise them with it. What is right - to surprise them or to inform them?"*.

In some places, particularly in URD and to some extent in the Jola community, things were generally more authoritarian: *"We don't consult our children, a girl for example when buying clothing, shoes etc. If its encouraged she'll take that attitude to the husband, demanding authority so much that her marriage may not last long, because she'd like to have it all her own way."* URD Serahuli village woman.

Comments from children verified that many are consulted: *"We are always contacted. When mother buys for me she asks what I would like."* Kerr Jarga Jobe non-orphan. *"My parents sometimes ask me before a final decision is made. I appreciate such a gesture."* Bundung non-orphan. Orphans too reported that their parent or caregiver involved them: *"Yes I am included when decisions are made for me about the future; I also discuss things with my siblings."* orphan in KM; *"Before our mother does anything she consults us and has our consent."* Banjul orphan; *"I left school during the first term of Grade 9 and chose to marry because of poor performance. That's my own decision and nobody else's."* Kerr Jarga Jobe orphan.

Not that parents always agreed to their choice! *"Yes, before they buy us clothes they ask our consent, but if we want "changal" or "tip" they always refuse."* Farafenni non-orphan. *"They explain their decisions when they contradict our choice, particularly when school fees are more expensive for our chosen school."*

However children also reported lack of involvement: *"My father took me to school; I was not consulted, he just took me to madrassa."*; *"Some parents ask their children what they would like, but other parents, especially my father, doesn't discuss with us. They just go and buy clothes which we sometimes don't like because either they are not nice or too big."; "We can only voice our disagreement with the decision while we would have preferred that they consulted us before making such decision."*; *"Our fathers have the final decision whether we should go on vacation. You cannot go if he does not agree."* Foni Jola village non-orphans. Generally within any one community comments from children corresponded with statements made by the adults.

It was stated that involving children is a relatively recent phenomena: *"In those days children were not involved in planning because of respect for authority, i.e. whatever an elder said that was it, no-one had anything to say. But nowadays you daren't do such a thing. Even giving your child's hand in marriage without asking. When buying them clothes you ask their choice, be it your own or adopted child."* URD Mandinka village widow.

" They choose their own marriage partners. When the girls are in school they cannot be forced to marry. If you force them they don't stay in the marriage, they keep coming home, even if you beat and tie them. That system doesn't work nowadays." Foni Jola village woman; *"Things have changed. It is even written in the Qur'an we should choose their first husband but now it is not like that, we have to consult them."* Foni Jola village man.

Kaiaf men: *"Things have changed now, but before they were never informed. Things have changed because of schooling and the hospital circumcision."*; *"On marriage we ask them so that the girl confirms her love before we get ashamed."*; *"Yes, today we should ask them because if you let them marry without consulting them they may take you to court."*

Reasons why children should be involved varied from: *". . . to avoid blame and resentment."*; *" . . . to satisfy and make them happy."*, *". . . if not consulted they could undo whatever has been decided for them"*, Banjul man. *". . . because if you buy anything for them which they don't want they turn it back."*, Kekuta Kunda man; *"It could be possible that the child's idea is more appropriate than the parent's."* Soma widow. Some considered that this helps children become mature adults: *"The child should always be involved as it helps in grooming the child enabling them to have a proper and wider perspective of life. It also opens a forum of mutual dialogue and understanding between parent and children."* Banjul man. And also: *"The child's rights is what is prevailing."* Banjul man.

On the issue of rights one man had this to say: *"We are informed of the decision on schooling; we don't choose a school for our children; children mostly choose for themselves, although parents may disagree if the move does not favour the parents, or is not in the best interest of the child. Children should have rights, we agree, but if we observe those rights strictly it will spoil our society. Such child rights will backfire. As the parent it is your obligation to consider the issue properly and possibly reject the idea. If the child goes away on the pretext of schooling there will be no-one to guide or control them. Bwiam is a good school and now all parents are aware of the standard in the school. For example if the child chooses a school in Sere Kunda instead of a school in Bwiam this will not be in the interest of the child's education; parents like to monitor the progress of the child. The child may just be interested in other things not related to education. A daughter can even get pregnant and be in serious jeopardy."* Foni Jola village man.

Children at the SOS Children's Village reported they were regularly asked what they would like to eat and what their mother should cook, but regarding choice of clothes they were only asked when it comes to Christmas or Prayer Days. One reported: *"Mother calls all the children when she shares the clothes, but does not ask ones choice."* On a more major issue, a boy who joined SOS aged seven and was attending an outside primary school was given a choice about moving to a school to be with his sisters and brothers.

Street children were not asked if they were involved in decisions affecting their future. But with regard to 'almudos' it appeared they have no choice about things.

Almost all children felt that they should be involved in decisions affecting them. With purchase of clothing they felt if not consulted they would be bought things they would not like which would be a waste of parents' money. Also: *"If we are involved it helps us have a better understanding."* Banjul orphan; *"We should not be shamed in public. It is better for our elderly siblings or parents to discuss matters with us with mutual respect and not take us to be just children. We should be treated with respect."*, Bundung non-orphan. However one child felt: *"In some circumstances a parent shouldn't ask the child for the choice of school because he knows the school is no good or there is no proper learning there."* male URD Fula village non-orphan. And when not involved: *"If you are not asked by your father, but you have long been listening, you can tell him: "Father you did not ask me but I want so and so.""* Farafenni non-orphan.

Reasons given by non-orphans that orphans should be involved were: *"Orphans should be treated the same, (by foster parents) as their own children."* URD Serahuli village non-orphan; *"Orphans should also be consulted because if you buy something contrary to their choice others say you are not the parent, that's why you are treating the child like that."* URD Fula village non-orphan.

Abuse

Within the communities the general response was that child abuse or exploitation did not occur, however cases were reported, some of which involved fostered children.

Physical Violence

"There is nothing like child abuse in this community simply because children are a special gift. You rarely see a parent even slap their child." URD Serahuli village woman. Brikama women said severe beating of children is not common, as people are afraid of being taken to the police; "*If the child does wrong and you beat him the authorities will come for you."* Foni Jola village man; and a man from Kekuta Kunda commented: *"If you beat your child too much he will run away. Before parents did it to their children, and those children ran away and are now in Kombo."* Kekuta Kunda man. And with regard to orphans: *"Orphans are not normally beaten as they may think "had my parents been alive I would not have had such maltreatment"." Banjul woman.*

However some reported that children who steal are beaten, but they did not consider this as maltreatment: *"There are cases of stealing and if the person is caught the young men are asked to whip the person, after he has failed to heed several warnings and advice. This is our practice. A thorough lashing until it makes some scars on the back. We don't take such cases to the police, but we follow our tradition."* Foni Jola village man. *"If you see money that a child could not have earned the parent will enquire where she got it. If she said she found it in the street we will take her by the hand and ask her to show us the spot. If it is discovered she stole the money, she will be lashed or held by the ear."* Foni Jola village woman. *"We believe that one's wealth depends on how well you take care of all people in the compound: for example if a child steals we take him to the house, beat him and restrict his movement until he stops crying, before he is allowed to go out to play."* URD Serahuli village man.

Specific cases of violence were also reported. A Banjul woman had seen a service man severely beat and injure a child. In Talinding participants cited a recent case where a foster parent had placed a little girl's hand into a lit incense burner because she had taken food, resulting in severe burns. The neighbours had wanted to report the case to the police which the fieldworker facilitated, and action was taken. And a Kaur woman said a girl who sucked her thumb had been razored in an attempt to stop the habit.

While discussing children's involvement in decision-making this sad case involving a young girl came to

light: *"There was an incident of forced marriage three years ago. The girl did not like the husband and both the husband and father beat the girl until she was vomiting blood. The girl later died in hospital in the mother's presence, but she did not report the correct story to the relatives. The mother was the one that lost. This was a lesson for the entire community."* Foni Jola village woman.

Sexual abuse

This topic was only covered with the adult FGDs, as the topic was deemed to be too sensitive for the children. Many adults reported that sexual abuse did not occur: *"No rape. One would dare not, you'd be forced to marry that girl immediately with all dues and dowries paid."* URD Serahuli village woman. However it was also stated: *"People don't discuss children being sexually abused. At times even parents keep it a secret rather than let people know about it. Society sees it as such a shameful act, though not perpetrated by the victim. As a result the perpetrator (a rapist in this instance) goes unpunished."* Banjul woman.

Nevertheless cases were reported including the taking of an under-aged girl's virginity by an orderly at Basse Health Centre; a rape case five years ago perpetrated by a Qur'anic teacher; the seduction of a schoolgirl by a close relative in Kaur; and the wounding of a sixteen year old girl by a stranger, although not "disvirgining" her, in Brikama. A Banjul man also said he was involved in apprehending the culprit of child sex abuse.

Regarding the issue of lack of consensual sex: *"If a boy and girl arrange to have sexual relations then there should be no quarrel or noise about the matter. On the contrary, if they make a noise or quarrel about the affair that's an indication of rape or sexual abuse. When such a case happens the girl's parents go to the boy's parents and they strictly warn the boy. And that is it."* Foni Jola village woman. Men in this community reported there was no sexual abuse. And in other communities: *"We do see some being pregnant, but for rape cases: no, there is no such thing."* Kaiaf man; while Brikama men said getting girls pregnant and refusing to accept responsibility was very common.

Exploitation of labour

There were differences of opinion as to whether children were exploited for their labour. A Kekuta Kunda man reported that this doesn't happen now because: *"If you continue to beat a child (to make him work) you'd have a problem with the mother."* He said that after the crops are sold any child who helps him on the farm receives a sum of money to take to their mother or caregiver. And a Banjul man felt that the children did casual labour out of mutual understanding, rather than their being exploited.

In contrast some said cheap child labour is the most common form of abuse. An example was given of a woman who employed a boy to sell ice and local juice - after agreeing to pay D200 every month she paid D100, only paying the balance when taken to the police. Similarly: *"At times children are abused by not paying them for their labour."* a man in KM; *"It is not a commonly discussed issue but people sometimes refuse to pay a maid with the pretence that the maid has either stolen something or broken an item."* Banjul woman.

However it was noted that children are expected to do a share of work: *"We give children work that is not too much for them, in a way that their education is not interrupted."* Foni Jola village woman; *"No case of child neglect, we are poor but we have sympathy for our families and we don't overwork the children."* Foni Jola village man; *"They are not completely free, they work."* Foni Jola village man.

Among the focus group discussions with widows some reported having experienced discrimination and exploitation themselves: *"People are always exploiting you because you are less privileged and vulnerable. People have less regard for you; and don't consider you have any contribution to make."* Talinding widow; *"I was once refused payment after having fulfilled my part of the contract of*

laundering. At the end of the day all I could do was leave everything in the God's hands."

Neglect

Again child neglect was not frequently reported, and some thought others were responsible. A Banjul woman felt that if there are children who are neglected they're most likely to be foreigners.

"Neglecting children only happens in cases of divorce, but elders mostly resolve these matters." Brikama man; *"When girls have children when they cannot even take care of themselves, moreover their babies, negligence comes in and it becomes a form of abuse."* Banjul man.

One woman herself confessed to leaving her children at home without anyone to care for them while she goes out for food. A case was also seen in one village of a grossly abnormal child kept penned up.

People to whom one can report a case of such abuse, and action taken

Several mechanisms were mentioned for reporting and responding to incidences of abuse, depending on the locality and the accessibility of the police. Within the communities cases were dealt with initially at the family or personal level. If unresolved they were reported to the Alkalo for some kind of action, and finally may have been reported to the police. However whether satisfactory responses were obtained in relation to the abuse, in terms of penalty for the perpetrators, was uncertain.

"The community mediates at the home or village level. A relative may volunteer to pay and then it is not brought to the attention of the Alkalo or the police." URD Fula village woman; *"If such a case happens we go to the person secretly, at night even, talk to him and advice him to stop such acts. If he refuses we report the matter to the Alkalo who calls for a meeting and advices him."* Kekuta Kunda man. Kaiaf women knew of a rape case which happened some years before: ". . . *but we discussed it at village level and ended it."*

The case of seduction mentioned by a Kaur man was said to be settled within the family due to the nature of the abuse and shame of the news spreading in town; a Brikama man said in cases of cheap child labour, if elders in the community hear about it they accompany the child to the person and ask them to pay the child in full, and that is done. Street children at times encountered similar problems, but this again was solved the same way.

Involving the police was mentioned mostly by people in urban areas. The police were expected to take action, or refer one to the para-military. *"It is only the police station that we report our cases to, and yes they would normally take the right steps."* The rape case mentioned in Kaur was reported to the police and the culprit was reprimanded and sent to prison in Janjangbureh. However one woman recounted how she had gone to the police when one of her children was severely beaten by the landlord's son which resulted in a court case, following which she was evicted from the compound.

Problems around inheritance

In most rural areas community members said that property was shared by learned Islamic scholars after a death, according to Sharia law, and that theft of property in these circumstances was rare: *"Some may do it, but properties of inheritance are always shared properly."* Kekuta Kunda woman; *"The Qur'an does not allow that for we are religious. Inheritance is shared according to the Qur'an: what a male child is entitled to and what a female child is entitled to, they all get it."* URD Serahuli village woman. However a widow in Kabakama said she had had goats, clothing and money taken and another commented: *"When a husband dies his brother does not remarry the wife but says he is going to keep the property until the children grow up, but by the time the children grow up all the property is gone!*

In urban communities property stealing seemed to occur frequently. *" There are instances where the step-*

father, who has come to marry the mother, cunningly does whatever he so desires with the property of the deceased." Banjul man; *"At times an influential family member tends to dominate decision making with regards sharing of the deceased's property. Sometimes he ends up having the lion's share, or everything ends up with him."* Banjul man. *"All the husband's property was taken away by his maternal relatives. Except the compound which they even attempted to sell, until the intervention of the Alkali.."* Wellingara person; *"It happens, specially when a child loses their mother, then the stepmother steals what belonged to the deceased, denying the eligible orphan what was her due"* Talinding woman; *"We often hear of cases; in fact it is a common occurrence right across the board. Everybody is becoming involved in such malpractice. As we speak there is an uncle is trying to steal the property of a deceased sister."* Banjul woman; a Brikama men related a story regarding an attempt to steal cattle and one where the relatives of a man tried to seize the compound left to his wife.

Those likely to steal property were: *"Mostly the husband's family - since they'd see widows as non-inheritors."*; *"Incidences of property stealing exist though not many, the relatives of the late husband usually being responsible of such malpractices."* URD Fula village woman; *"An unscrupulous elder would also be involved in such property stealing like compounds and other valuable assets."* man in KM.

And in the Jola community visited: *"In a good number of cases women's rights are seized because, for example, when my brother dies I would consider my brother's property as mine, and the woman does not have any right to them."* Foni Jola village man. *" Some don't believe in the Muslim religion and say that the women should have some share of the husband's property. This is contrary to Islamic religion. The children of the widow as well as the property should remain with the brother."* Foni Jola village man. *"If the husband dies and the wife remarries outside the husband's compound she would be asked to move to the new husband's home." "The husband's brother takes care of everything for the children until they grow up."*; Foni Jola village women, although one woman noted: *"People are so poor that there is usually nothing to inherit."*

Men making specific wishes/plans before they die

It was reported that some call family members and tell them that certain things are to be inherited by specific persons although: *"Men making specific wishes before death is not common, but when it does occur these wishes are executed."*

While one URD Serahuli village man reported: *"We have never witnessed anyone share some of his property before dying."* another said: *"There is this quotation from the Holy Qur'an that people can share part of their property among the children in the presence of witnesses. This should take place when the owner of wealth is well mentally and physically. If he is sick or ill his wish is not recognized. It is emphasized that this shouldn't be more than one third of the inheritance. Also part of it can be given to needy people."*

Women's knowledge of inheritance laws

Widows reported women don't know much about inheritance laws, as they're not involved during sharing of the deceased persons property: *"We are not being told anything that concerns inheritance laws."* Soma widow. Nevertheless most women knew that according to Sharia law a male child gets twice that of the female child.

Wills

The majority of widows supported the idea that parents should make wills: *"That is what should be, before he dies if he shares his property there will be no problem after his death. Yes he should write a will or let someone else know about his desire."* Soma widow; one woman stressed *"an equal sharing - if a*

male child has two items therefore a female has too, because they are all the father's children."; and another that all children should have a share of the inheritance regardless of the status of the child. i.e. legitimate and illegitimate children.

Responses were mixed from the adult community groups. From rural communities a number were against the idea of making a will: *"Sharia does not allow that."* Kekuta Kunda woman; other comments against were made mostly by men: *"That doesn't happen. One of your wives may be pregnant at the time of your death so property won't be shared until she delivers as no-one knows whether the baby should have a male or female's share."* Kekuta Kunda man; *"It should not be, because you can like Samba more than the other sons and you give him the best part, which is not allowed by Sharia law."* Kaiaf man.

Responses supporting the making of a will came mostly from those in urban communities, and some women in rural communities: *"Parents should make a will to prevent future problems. Witnesses should be called upon to sign such a will."*, Banjul man; *"It is important that parents make wills as our generation is one where people take heed of what is proper and right."*; *"It would prevent a future problem when one's parent is deceased."* men in KM; *"Yes parents should make a will. It would prevent future fracas in the family which can lead to very serious trouble ending up in the courts."*; *"A written will would serve as a testimony as to who should have what in the event of ones parent's death. A will is the only solution to all this family property sharing."* Banjul women; *"A will should be made particularly when one knows that the family will not work out things harmoniously after ones death."*; Bundung woman; "*Yes a will should be made, especially in cases of polygamous marriage with two or three wives where one of them is childless. The latter will be denied any chance for inheritance despite the number of years spent in marriage. So to avoid that it is advisable so everything goes to the respective and eligible owner without dispute and quarrels."* Kaur men; *"It should be done, but it is not like that in the Qur'an. But if there is a will, it should be obeyed and followed. Parents should write wills because they know their property and their children."* URD Serahuli village woman. Even men in Foni Jola village were in favour of a will being made.

One Catholic respondent reported that in her ethnic group if one is widowed the last thing one does is to speak up to ask for anything, or something terrible may happen.

Street Children

Very few of the children found in the street were orphans. The 'almudos' - those sent to work for a marabout and learn the Qur'an - were there to beg: *"I am here for begging as 'almudos' do."* 'almudo' Banjul; whilst the non-'almudos' were involved in petty-trading or providing a service i.e. cleaning shoes; although one of the Banjul 'almudos' said: *"I am here to do shoe-shining but I am an 'almudo'."*. Most children came every day, some for part of the day, but many for long hours. 'almudos' in Banjul reported: *"We are always here. Every day from 8:00 am to 6:00 pm in the evening. By 7 o'clock we should be home to have our Qur'anic lessons."* And those from Basse: *"We are here from morning 6:00 am begging, and from 9 to 10 learning, and from 11 to 2.00 pm begging."; "We come every morning and evening as well as during the night to get breakfast, lunch and dinner."; "These street kids come from different marabouts and different locations."*

The two boys and one girl interviewed around Serre Kunda garage and market were selling polythene bags or water, and coming every day, or most days. In Soma several children came every day like the boy polishing shoes, although some of those selling spent the morning at the market and returned home for lunch. One of the Brikama boys came to the market on Thursdays and Fridays since the rest of the week he was in Arabic School, while the others were on the street daily from 7:00 am to 6:00pm to sell batteries, torches, candles and small items.

The 'almudos' stayed with their marabout: *"We spend the night at ………. where our marabout stays. Presently he is not here, he has gone to our village to spend the prayer day."* 'almudo' Banjul. Although not orphans it was concluded that not a great deal of care was given to these children: *"We look after ourselves; as small children how can we do that?"* 'almudos' Banjul. The Serre Kunda boys lived with

their parents, and the girl, who had hearing and speech difficulties, stayed with an elder sister while her parents were in Senegal. The Brikama boys lived with their parents, or other relatives - brothers or cousins. One boy came from Guinea Conakry.

As to the money the children acquired while in the streets: *"Every day we make sure everyone of us has D5."*; *"The money goes to our marabout."* 'almudo' Banjul. Each Farefenni 'almudo' also gave D5.00 to the Qur'anic teacher, and if they have more they kept it for themselves. Every night they begged for their dinner. When they were not learning or in the streets they helped their Qur'anic teacher or "cherno" to shell groundnuts. "*We sometimes get D5 morning, D5 in the afternoon and D2 in the evening, which we take home and give to the marabout. We are not forced to bring any amount. They are satisfied with the money given to them. The marabout owns the money, nothing goes to our parents. We are given clothing when we go begging, but sometimes the marabout would buy for us. The marabout does not take away anything (clothing) from us."* Basse almudus.

One of the Serre Kunda children reported: *"Yes, I make a fair amount of money"*. The person the money went to was different for these children: *"I sell for my sister"*; *"I sell for my parents"*; *"I sell for myself and keep the money."* The Soma children earned between D10 to D12 a day which went to their mother for clothes and shoes. Shoe shiners who went home at sunset sometimes got D25 a day - D10 was used for supper/breakfast, and the rest they kept themselves. Some Brikama boys made D30-D40 a day, others just D10 profit. The money was for themselves, kept by their fathers and brothers. *"Whenever need/request this money they would get it back."*

The boys in Banjul reported there are lots of children like them, coming to do shoe-shining and begging as 'almudos'. Most come from the same village and since they are not with their parents they feel they must be friendly towards each other - everyone being his brother's keeper. In Farafenni the 'almudos' questioned said most children in the streets were begging, like themselves.

Serre Kunda children also reported that many children came and that they were mostly friendly. However the Soma shoe-shiners did not mix with others. Brikama boys said many like themselves come to the market, some to sell with whom they get on well, and others to loiter. (They said other children who stay at home only eat and play.)

If you had the opportunity would you like to do something else ?

While the Banjul 'almudos' like to come to the market because that is where they get their lunch and breakfast, they would prefer to be elsewhere: *"We didn't want to leave our parents to come here, but they made the decision and we cannot disobey them. We'd prefer to stay with them, taking care of the cattle or doing other things for our parents." 'almudos' Basse; "I would like to spend most of my time having Western education so as to have a good job."* 'almudos' Banjul. *"We'd prefer to be with our parents because we have enough to eat when we are with our parents, and sometimes our parents give us some money."*

Of the other children, one in Serre Kunda seemed to enjoy coming to the market to sell. One felt that if they had the opportunity they would prefer to be in school: *"I would like to have gone to school."*; and another commented: "I go to *dara* after selling and I would prefer to learn and become an Arabic school teacher. Soma children liked coming to sell; One boy in Brikama from Guinea Conakry was happy to be in the market making money for himself: *"I am a bit happy to come to The Gambia and leave my parents behind and sell in the market."* One response even indicated that it would be preferable to do petty-trading (that petty trading afforded one more respect than begging) than to beg: *"I would like to work and be paid. e.g. selling ice and water."* Most Brikama street children would like to run their own shops or stores, or to travel abroad to the US and the like to search for greener pasture.

Do you think you are different to other children?

"Yes we are very different because they have the opportunity to have Western education whilst we are not able to because of poverty, that is why we are doing shoe-shining to have money to take care of ourselves." Banjul 'almudo'. Basse 'almudos' also felt they were different: *"We are not the same. They are staying with their parents. They are better than us. They are staying in their fathers' compound. They eat and drink with their parents and family. They can do whatever they want with their parents. For us we don't have that."* However they also said: *"We are better than orphans are because our parents are alive. One in ten has lost their father."*

Farafenni 'almudos' did not think they were different from other children, but they did envy other children their shoes, clothes and facilities, but not for the opportunity they have of going to school. Brikama boys felt that they had the same educational opportunities as other children since they also learn the Qur'an every evening, from 7:00pm to 10:00pm, after they close from the market. (However these comments contrast with their response later about the future.) Had they stayed at home they feel that they would have had better clothes.

As for general care: *"For other children, their parents take care of their feeding, clothing and health conditions. For us, we do all by ourselves, only God helps us."* 'almudo' Banjul. *"Other children have better health care than us. They also have more support for the future; when they complete their education they get good jobs. They sleep in better houses. They stay with their parents. We don't stay with our parents. They have more leisure time. They eat better food - we eat leftovers."; "If any body falls sick and cannot go out to beg food is provided for you by the marabout's wife"; "He is taken to the health centre immediately by the marabout. Other children have more support than us. When they complete their schooling they can take up job."; Other children have better care because both parents take care of them. We do laundry ourselves, unlike other children."* 'almudo' Basse.

For the other street children it was felt that there was a difference in workload: *"They do nothing; but for us it is very difficult because we learn, do shoe-shining to have money for our clothing, feeding and any other problem we may have."*; *"Other children don't do the hard work we do daily e.g. Roaming endlessly with our sales in the market area and its surroundings."* However they did not feel that other children receive better general care than they themselves, but did feel that some children have better opportunities.

The children selling and those polishing shoes in Soma did not agree with each other: some saying they were different to those going to school, and some that they were not.

Brikama children felt they were better off than children who stayed at home, because they have more money than the other children to buy better clothes for themselves. They felt "money does everything". They work and earn money that puts them in a better position to buy or get many things that they need than those other children (who are not engaged in anything but depend on their parents or families.)

The majority of street children had missed out on education: *"Yes we're very different because other children have the opportunity to have Western education, whilst we are not able to because of poverty, that's why we're shoe-shining - to have money to take care of ourselves."* Banjul 'almudo'. However Farafenni 'almudos' said they did not envy other children the opportunity of going to school, and Basse 'almudos' said: *"Western education is for worldly affairs only but not for the next world. Qur'anic education is for the next world. We also learn like other children; from here we learn."* And Brikama boys that they had the same educational opportunities as other children since they learn the Qur'an every evening after they close from the market - but these comments contrast with their later responses about the future.

Education was an issue mentioned in response to the questions relating to what orphans and street children would like to change in their lives: *"To go to Western education school."* 'almudo' Banjul; *"I would love to go to school to learn; after attaining a level of education I can earn a living by having a*

job." Serre Kunda street girl. *"If only I could complete the Qur'an to stop begging; I will not be beaten during lesson; That will be the end to the suffering."* 'almudo' Basse. Asked how else they would like to spend their time: *"I would like to spend most of my time having Western education so as to have a good work."* 'almudos' Banjul.

Again the comments from the Banjul 'almudos' indicated a great deal of dissatisfaction with their way of life: *"I will like to take them to school."*; *"I will also like them to learn Qur'anic, but not in the way I did."*; *"I will take better care of them than my parents did of me."*

The Farafenni 'almudos' felt they too would send their sons to school . . *"after which they must go to "daara "*; and would like their children to become *"Qur'anic teachers and farmers."*; It appears that they have been made to believe that there is considerable benefit in their way of life: *"I want my children to go through the same life challenges I have gone through; if he does not he would not be blessed."* The 'almudos' also had a great deal of respect for their marabout, and many of them wished to become a marabout themselves in the future.

Fula community members views on 'almudos'

Members of the Fula community in URD who participated in the focus group discussions were asked for their opinion regarding children becoming 'almudos'. They are the sole responsibility of the Marabout, and "survive on their own", feeding themselves begging food in the local neighbourhood, while also having to undertake domestic chores: collecting firewood, fetching water, pounding and threshing millet, and sweeping. It is also a place where they learn discipline and have good morals instilled into them. Such children maybe of a particular "class" i.e. a blacksmith's child, may have been enrolled into Western education but either failed exams or refused to go to a local school, or may have become a handful and cannot be controlled.

It is believed that the hardships and work enable the children receive blessings which have benefits both immediately and in the hereafter. "*It is worthwhile for the child to go through these burdens and hardships to have a better future*."; "*Anything you do for your master is transformed into blessings and the ability to master the Qur'an."* One benefit is that the children will take care of the community's spiritual needs, the people relying on the Marabout and obtaining his services free of charge. The men also feel this Qur'anic education is necessary for continuity of Qur'anic knowledge in the community, and to ensure there are Imams and preachers for the mosques.

Both men and women were aware of the conditions under which the children live, one having a son who had repeatedly run away and return home, for which the Marabout would beat him. Now it seems he does not want to be away from the marabout. Another woman whose last child was sent to a Marabout aged seven, said: *"I wanted my child to be with me but the decision was the father's and I had no choice, despite there being real hardship, not eating well, no proper health care, no good place to sleep. Last year he had an axe wound on the foot, but was not taken to the health centre for a week! When I got the message I sent for him and treated him for two weeks, then returned him to the Marabout, who had thought he had been pretending to be sick to dodge work."*

None supported the idea of begging in the streets in the urban areas believing that these children were immigrants from neighbouring Senegal and Guinea Bissau. *"Our children are taken to Numuyel, Fass Bajonki and Diabugu for learning, and are not made to beg as other children as seen in the streets of Basse but they learn and work on farms during the rainy seasons till graduation when they are brought back home after completion of the Holy Qur'an."* Reportedly the women send clothes and the men visit every three months and are satisfied with the current situation, however they would preferred the children to stay locally, the ideal setup being a Qur'anic institution within the village.

What the future holds for orphans and vulnerable children

Some non-orphans felt that given the opportunity the future for orphans could be good: *"If proper assistance is given to an orphan there is a likelihood of a brighter future."* Bundung non-orphan; *"Some will find jobs, others will get married."* Soma non-orphan. *"If they are given all they are promised, and if they make use of those promises they can become responsible individuals. Thereby they can help their elder and younger brothers and sisters, their living parents, and other orphans too in the community."* Sibanor non-orphans.

Some put emphasis on the orphan themselves bringing about a good future: *"It depends on the orphan, he should strive harder, to know that if he works hard in life he stands to benefit in the future."* Bundung non-orphan. Others felt it was preordained: *"Their future lies in God's hands. There are people here with a lot of wealth who were orphans. Whether one is orphaned or not, whatever God wants will prevail for the person."* URD Serahuli non-orphan.

However many were not optimistic: *"Those losing both parents, if not properly taken care of end up being street children, later to become thieves, pick-pockets and destitute."* Bundung non-orphan; *"If not given good training as children they grow up being difficult and problematic adults. Others go out when requested not to by their caregiver, and get pregnant or mixed up in drugs."* Farafenni non-orphan. And a Kekuta non-orphan said *"I'm not envious of their future."*

The Banjul 'almudos' were the most pessimistic: *"There will be no future for me if I don't stop this begging."*; but the 'almudos' in Farafenni and Basse all wished to become Qur'anic teachers, and one remarked: *"I hope it (the future) will be good; I do not foresee any difficulties."* Several street children were also not optimistic. Brikama boys said that as school drop-outs they would undergo difficulties: *"As an illiterate person most of the time you are an ignorant person in the community which is regrettable."*

Responses from the orphans regarding their future were variable. Some were not optimistic: *"If it should continue like this, it will be very difficult for us in the future."* Banjul orphan; *"I fear my future because I am really worried about my school, whether I will be able to complete it."* Farafenni orphan. But many looked on the bright side: *"I am optimistic about the future."* Banjul orphan; *"I hope and pray for a brighter future so that I'll be able to provide for my mother as she is now trying to provide for us."* Banjul orphan. *"Things will be all right because we will get jobs. All the problems will be over if we complete schooling and have a job."* Kampant orphan. *"As one grows up the problems and difficulties fade away". "We don't expect to have difficulties like non-orphans. We will take care of ourselves."* Kerr Jarga Jobe orphan.

STAKEHOLDER/KEY INFORMANT INTERVIEWS

ActionAid The Gambia

ActionAid are currently streamlining their efforts in The Gambia and will now focus on five thematic areas: food security, education, HIV, institutional capacity-building and women's rights and empowerment. They aim to target the people who most need support and build the internal capacity of the country to tackle poverty. They have been thinking deeply about what actually makes people vulnerable and how to support such people. They have identified orphans, the disabled and widows as the categories most likely to be vulnerable.

In the past they had an integrated sectoral approach which looked at the productive sector, social services and institutional capacity-building. Child sponsorship funds were used to support all children in one school, not individuals.

Africa Muslim Agency

The Africa Muslim Agency has sponsorship packages for orphans which consist of medical treatment, education and maintenance.

AFWORD

The Association for Women's Organisations in Rural Development is a new institution based in Basse, set up by Social Welfare Volunteers. This has been in response to the difficult situation in which many women have found themselves after the death of their husband. People in URD seem to feel that there are so many orphans and widows that are suffering and in need of support. This perceived need has led to the initiation of AFWORD which has been registering the widows and children in over 40 villages. Some support was provided by Munazamat, in the form of clothes, in December 2002. Action Aid has also had some input through their village support programme, and with training on the "Rights of the Child".

In the past it was difficult to identify the most vulnerable or needy in the community for support, and now it is possible as lists of widows and orphans have been drawn up.

It is common in URD for adult males to travel within the sub-region for economic opportunities. Some lose their lives while abroad, others are forced to return by instability in the countries they travel to, and yet others may acquire HIV while away from their families. In some communities many of the adult men are abroad, and others may have died either in war situations or as a consequence of AIDS. These are thought to be some of the reasons for the high number of widows in URD. As elsewhere in the country widows are generally inherited by a brother when their husband dies, but this is not reported to be satisfactory as frequently the brother does not take care of the woman and her children. For individuals who remain abroad for a long period, when they return (or their children who may be sent back when the parents die) they are seen as strangers.

Visiting some of the communities involved in AFWORD demonstrated some of these difficulties vividly. Sanunding, a village of 60 compounds has 19 needy families who have lost a father. They feel this is happening increasingly as young people are dying more frequently, and the economic situation is more difficult because of the weather conditions such as floods and lack of rain. In Kollibantang 4 widows

described the difficulties they faced when inherited, as their second husbands were already suffering from a stressful economic environment. In Touba, 6 Fula widows described how they have all been remarried, but in name only. Often the women themselves make the arrangement to be remarried because of the religious beliefs about only reaching heaven if married. But the new husbands take no responsibility for their needs. In this village a group of 24 widows has formed a farm collective to work communally and try to improve their situation. They reported that in the past men would take responsibility for widows but now they don't have money for their own problems never mind their brother's widow and her children. In this village the headmaster reported that orphans are frequently withdrawn from school. In Alumhari, a wealthy Serahuli community, they report a high number of widows, perhaps as many of 140 in total. In one compound visited there was only one man alive who could be called father: 12 fathers from this compound had died in the last 11 years.

The vice chairman of the Janjangbureh Area Council also reported the serious problems they were finding with orphans. He reported that when food distribution was carried out the criteria for vulnerability included widows, orphans, lactating or pregnant women, malnourished children and old men who had no help. Some assistance with school fees was also provided to orphans.

Bambali Refugee Camp

This refugee camp was set up by the government and the UN High Commission for Refugees. Forty-two houses have been built, but now less than half are occupied, by a total of eleven families.

The current residents are mainly Jolas and Laibos, living in family groups. They originally came from the Casamance, and fled the ongoing unrest, initially staying at refugee camps in Foni, before being moved to Bambali. They have been in Bambali for three years. Most children are with their parents, and are not orphans, except a few who have been adopted by grandparents before coming to Bambali. The children attend the local schools.

There are also three young adults from Liberia, two boys and one girl, who got to know each other here. This group attend school in Farafenni where they stay with guardians. They are sponsored by UNHCR for fees, uniform, and book rental, but not given other clothing or food. The people they are staying with are helping to support them. The other Liberians have now moved on, largely because of a food shortage, and are hustling in Kombo.

In general they feel they are receiving less support now from UNHCR. Rice had been brought monthly until August 2003, but now they have experienced a three-month food shortage. They have managed to get by on millet they have farmed, and donations from the villagers. They had been given seed rice, but only the early crop was successful, as the allocated land was not so fertile, the seeds were not suitable for the area and floods washed away their crops. UNHCR has been contacted regarding the refugees' precarious food situation and supplies are now expected. A representative of UNHCR said that initially they had not known that the Liberians were officially refugees, and their presence exacerbated the situation, since the food supply intended for the Senegalese was then also feeding the Liberians.

CCF – The Gambia

Christian Children's Fund (CCF) works in more than 30 countries worldwide, and came to The Gambia in 1984 at the request of the government. Its mission is to work for the well-being of children by supporting locally-led initiatives that strengthen families and communities. Over the years it has put much effort into

identifying and supporting needy children.

CCF's work concentrates mainly in the Western division of The Gambia, in order not to duplicate efforts of ActionAid and SCF. They have activities in 26 rural communities, helping them to overcome poverty and protect the rights of their children. Programmes include health, nutrition, sanitation, micro-enterprise, education and early childhood development and aim to empower children, parents and communities to lead the development process. Funding comes from individual sponsors, mostly in the US, many of whom provide for a specific child, as well as from grants.

Until 1995 CCF chose to work exclusively with schools, but later shifted the focus to sponsoring individual children while providing support to the wider community. The child sponsorship programme enrols those defined by the community as the most needy into a system of direct support. CCF has developed and adopted baseline eligibility criteria and gives guidance on how to select those most in need. However, sometimes it is difficult to apply the set criteria rigidly, as a result of the other pressing challenges at the community level. Approximately 15-20% of those selected for sponsorship are orphans. In Western Division 9000 children have active sponsors. These resources contribute to school fees where needed (50-100% of fees being paid, depending on circumstances), healthcare costs, nutritional support, early childhood development services, income generating projects for sustainability strategies, well construction and building of schools. Much emphasis is placed on parent participation, as 'the communities know the children better than the external person from CCF'. Communities select a parents' committee, responsible for the governance of the project, on a two yearly basis. These committees in turn employ the services of administrative staff to help in the day to day running of the activities in these communities.

A recent Child Poverty Study from CCF worldwide has shown that children experience poverty differently to adults, and therefore they believe that one of the most effective strategies to addressing problems suffered by children is poverty alleviation.

Perceived gaps include the following:

- how to identify the *most* vulnerable children
- cross-border issues
- the quality of education
- the high levels of school dropouts
- the acquisition of life-skills by young people

CPA

The Child Protection Alliance (CPA) was formed in 2001 as a collaborative group working for the rights and protection of children and young people in The Gambia. It incorporates over 40 organisations registered, which are dedicated to children and the promotion of their rights and wellbeing. The CPA is not itself a service provider, but dedicated to raising awareness and carrying out training.

They produce regular newsletters, and have produced a training manual on child protection issues. Workshops have been run on child abuse issues, training on children capacity building, for stakeholders in the Tourism Development Area and numerous other related issues.

CRS

Catholic Relief Service (CRS) is seeking institutions as partners with whom to develop a future programme for OVCs, focusing on those affected by HIV/AIDS. They have already implemented a community-based HIV/AIDS pilot project in partnership with "Hands On Care" in the Western Division, which has had a positive final review. CRS would like to replicate the home-based care component in partnership with other agencies in other areas with a high prevalence of HIV.

CRS in partnership with Family Studies International is providing funding and technical support to the Santa Yallah Support Society. This funding is part of a 'Regional Ambassador's Fund' provided by the US government in support of PLWHA. This support is mainly in the area of capacity building and institutional strengthening to enable the society to function.

In partnership with the Catholic Church in The Gambia, CRS is implementing an HIV/AIDS care and support project with funding from the World Bank through NAS. The project includes VCT and a community-based care programme in Basse, URD, and also life-skills training and peer-education in 17 Catholic schools, development and dissemination of media materials on HIV/AIDS, and a training of parish priests' advocacy groups in pre-marital counselling and advocacy.

CRS Development Activities Programme 2002-2006 include a food security programme implemented in partnership with GAFNA. This Safety Net Programme distributes food to vulnerable groups, including orphans, the physically handicapped, and chronically ill individuals and families in CRD where studies have indicated that food security is a particular problem. Food donated through the Safety Net Programme is also distributed quarterly to institutions that care for the vulnerable children and the chronically ill. The food ration consists of lentils, oil, wheat-soya-blend, and corn. This ration is sufficient to provide supplementation for a mother and five other members of the family.

CRS' activities include capacity building for its partners and ensuring sustainability of its development programmes for the poorest of the poor.

Department of State for Education

The Department of State for Education does not specifically focus on orphans, and the various sponsorship schemes focuses on 'needy' children.

With one objective of encouraging all children to have at least nine years education, for children attending grade 1 to grade 6 (Lower Basic School) school is free. Parents however must cover the costs of uniform, exercise books, transport fares, and lunch where this is not provided. For children attending grades 7 to grades 9, (Upper Basic School) the cost of the school fees and of books must be found. However with increased focus on girls education the Girls Trust Fund pays the fees and book bill for those in grades 7 to grades 12 in Regions 3, 4, 5 and 6. Sponsorship does not however cover uniform. Most needy girls are identified by the PTA with the headmaster. Similarly the Jammeh Trust provides sponsorship for girls in Region 2. Regional committees are fund raising to maintain sustainability of the programmes, supplemented by the National Trust Fund and pledges.

In LRD, CRD, and URD, where the enrolment of girls has been difficult, initially 10 Lower Basic Schools are involved in "Girl Friendly Schools Initiative", a FAWEGAM input, which is now scaled up to 50 LBSs. Solar panels, computers, and milling machines are provided for the schools, the libraries managed, and ongoing training given to teachers. Parents, especially mothers through mother's clubs are encouraged to get involved in the school. Loans of D3500 - D4000 are given to each group of mothers for Income Generating Activities. Money generated is ploughed back, placed with the ISACA Banks, and put into the school. Uniforms, shoes, pencils, tools and seeds for the garden etc. can be purchased and

parents are involved in decisions concerning the school expenditure.

It is felt that with the sponsorship of girls, who are generally not given priority within the family, resources within the family can then be spent on financing the boys through school. For families in need however this does not appear to be the case. More recently the Diana Sahid Trust Fund, focusing on the needy children, orphans and the "meritorious" has been established, again eligible candidates being identified by headmasters and PTAs. Funds covering fees, books, local and regional (WACA) examination fees and uniform, go through the regional offices/directors who liaise with Banjul.

UNICEF is also sponsoring children in three divisions (URD, CRD and LRD) and the WFP sponsoring children in all six divisions, with the aim of increasing school enrolment and retention.

School Feeding Programme

This programme has been operating since the 1970s, in some form or other. Currently all Lower Basis Schools in Regions 2-6 are included in the programme, feeding a total of 128000 children, the programme being used as an incentive for parents to send their children to school. All food is donated by the World Food Programme, aiming at: "Helping the rural vulnerable children." i.e. those children living where families cannot afford three square meals a day. This is assessed by the Parent Teacher Associations and by asking children.

Amount of food is distributed at the beginning of each school term to each school is based on the enrolment figures from the Education Planning Unit for each new school year and the ration scale received from the WFP

There are two categories of schools: "programme schools" and "expansion schools". Each child per day is allocated: 80 gms rice, 30 gms lentils or beans and 5 gms oil for lunch, and 50 gms corn soya blend and 10 gms sugar for breakfast. In the programme schools i.e. schools where the enrolment rate is low, these schools receive the full food allocation. In expansion schools where the enrolment rate is higher, food for lunch only is provided.

Pupils are expected to contribute D1 per week or 25 bututs per day, or if the cash is not available to contribute in kind with fire wood or similar. PTAs also have a role by helping with cash or kind in building fences and toilets for the school. School farms and gardens are part of the part of the programme with the World Bank and Food and Agricultural Organisation providing seeds, and other farm and garden inputs. What is produced is ploughed back into garden activities. The vegetables produced are used to supplement

Upper Basic Schools are not included in the scheme, although those schools operating the full basic cycle (grade 1 to grade 9) receive food for those in grades 1 to grade 6, which at the discretion of the headmaster, is shared between all children attending the school, disregarding the ration scale.

Current programme cycle will finish June 2004, and a new one will commence in September 2004. In the new cycle all Madrassa schools in Regions 2-6 will be included, and early child development (nursery) schools that are attached to LBSs.

Programme is monitored at the field/school level by two field coordinating officers based in each regional office, and sending monthly reports on the school feeding activities.

Department of Social Welfare

Foster Care is provided for 14 children, 95% of whom are abandoned babies and for whom there is no family connection/line whatsoever, and for whom things are difficult when they reach adulthood. Children are placed with a responsible member of society who should act as role models, and give the child a "family line" and culture, as opposed to institutional placement. If child doesn't have this is at a disadvantage when reaches adulthood. Foster parents may adopt the child when it has attained three years, or may continue to "foster" the child. Foster care placement may also be used for temporary care for children coming from difficult circumstances. Relief support for carers of orphans can be provided.

The Adoption Policy is fairly well implemented. Any abandoned child is, by law, the responsibility of the Director of Social Welfare. In such cases the police work with social workers from the Department of Social Welfare, and the baby is initially placed at the Royal Victoria Teaching Hospital. Various enquiries are conducted before a child is placed with potential adopting parents: social enquiry report of the "family" filing for adoption, plus police and medical reports. A few cases of inter-country adoption have occurred where a child with severe disabilities is in need of medical treatment abroad. Approximately three-quarters of those placed at SOS in the past have been referred through the Department of Social Welfare, and now every child passes through the Social Welfare office before being registered there.

The Department of Social Welfare places vulnerable children in the SOS children's Village when necessary. Criteria for admission include having no-one at the family level who can take care of the child, from within the extended family system. Financial support for those remaining within the extended family is based on a home visit that is carried out as soon a file is opened at the Department of Social Welfare. A social welfare officer assesses the need with health personnel, and what type of milk is needed if the orphan is a baby. Clothes and food can be given in the first instance. There is however a lack of awareness in the communities as to how to mobilise assistance, and it is envisaged that regional offices with a social worker posted there will establish child protection committees in the villages.

Currently 40 orphans of the Santa Yallah Support Society, are receiving school sponsorships through the Department of Social Welfare, although there have been procedure difficulties, and difficulties with the formal identification of orphans. For those in junior secondary schools: school fees, book bills and other school charges are met. Family has to provide the uniform, transport fares and lunch money. Uniform is provided for those in primary school. Presently there is inadequate coordination between the Department of Social Welfare, and the Department of Education regarding sponsorship of children.

GAFNA

Gambia Food and Nutrition Association (GAFNA) concentrates on nutrition and health issues for children aged 0-3, and therefore they target women and their young children with their programmes. These have concentrated on health promotion around diarrhoea, malaria and ARI; and working with pregnant women on anaemia and food supplementation during pregnancy.

A nutritional support programme was run in 119 rural centres 1995-2000. Oil and corn-soy blend were available to pregnant women and to children identified as malnourished by health centres. An evaluation of this programme found that knowledge about nutritional issues was high but good practices were not common: the intervention was not changing behaviour, and the incentives were in fact creating dependency.

As consequence GAFNA have concluded that nutritional support needs to be focussed on the most vulnerable, and that behaviour change programmes need to focus on 4 issues: lack on women's time, lack on male involvement, cultural beliefs and practices, and poor nutrition for mothers. The causes of child malnutrition are a combination of food insecurity, and a lack of appropriate knowledge and attitudes.

GAMCOTRAP

During 1999-2000 The Gambia Committee on Traditional Practices (GAMCOTRAP) sponsored 981 girls from various schools countrywide, with support from the Girls' Education Trust Fund, a total sum of $39,980. This scholarship was awarded to those in difficult circumstances and parental death was often the justification for not being able to pay school fees. For those 718 girls for whom a sponsorship form was completed 4% had lost their mother, 25% their father, and 5% both their father and mother.

Hands on Care

Hands on Care is based in Brikama and provides medical care and follow-up support and home-based care for those living with HIV and other chronic conditions. The organisation has long experience of looking after parents dying of AIDS and their children. To date 86 patients registered at Hands on Care have died, and currently 174 PLWHA are being cared for.

In the patient database they record the number of children for each patient and their educational status/ level**,** also employment and income. They estimate that each patient has an average of 5 children, and therefore calculate that approximately 430 children have already lost a parent to AIDS (86 x 5), and that 870 children have a parent living with HIV (174 x 5), and are therefore potentially vulnerable.

Approximately 200 children of PLWHA have actually been seen in this centre in total, many of whom do not need long-term support as they are happily settled within their extended family. However a small number of this group have dropped out of school because of their circumstances. Support for orphans covers nutrition, schooling, social support. The care package provided for children is a response to perceived needs: as the project was working with PLWHA, care of the orphans after the parents' death became necessary.

Staff feel that is preferable for a parent to plan for their children's future while they are still alive, but this is frequently not possible. Staff find that most PLWHA are reluctant to disclose their status to their children, or to discuss death, so there is no planning on the part of the parents for the care of their children after they have died. Hands on Care has found that generally the father dies before the mother. After the death of a parent an assessment is undertaken by a social worker, of the child/children's situation, in terms of requirements for school support and general household economic support. Their feeding and clothing situation is assessed. It has been found that the orphan(s) are generally absorbed into the extended family structure. Usually an uncle or a grandparent will take over the responsibility of an orphaned child.

One of the most problematic issues in supporting PLWHA is income-generating schemes, aimed at improving the economic situation of PLWHA and their children, and this is even more difficult where the children have been orphaned.

The idea of home-based care is not to encourage people to rely on institutions but to give appropriate support so that family members can deal with the situations they are in, therefore helping the community

with their own coping mechanisms. The support provided to orphans by Hands on Care may be seen as a sort of bridge, to support the local and traditional structures that exist to take in children who have lost parents.

Hands on Care provides school fees for 60 AIDS orphans, by sending the money directly to the school, and if the child needs school-related items (uniforms, books, etc) then these will be bought for them.

Nutritional support is provided to approximately malnourished 20 children from Kombo Central by Hands on Care. This takes the form of 'munko', or powdered milk for infants. If orphans of PLWHA are malnourished they are referred to a social worker. Other charity such as clothing or a bag of rice has also been provided where necessary.

Hands on Care has encouraged the setting up of a peer support organisation for PLWHA based in Brikama, known as Nganiya Kiling Society. The teenage children of PLWHA and other orphans have recently set up a support group.

ISRA

The Institute for Social Reformation and Action (ISRA, formerly known as Islamic Relief Association) is an organisation that works towards poverty reduction by using the teachings and beliefs of Islam.

In 1994 ISRA, in collaboration with the Nova Scotia Gambia Association (NSGA), set up a project known as the 'Almudo Centre' to work with the groups of young boys found on the streets begging for charity, usually carrying a tomato paste tin. These boys are the students of Islamic teachers, or marabouts, and are locally known as talibes or 'almudos'. The term 'almudo' comes from the name for the ration of food that they were traditionally expected to beg for each day. They are sent out to collect charity to support their living costs while they are studying Islam, but these days usually in the form of money rather than food. Parents send their sons to the marabouts for religious training, often some distance away from home, and there is a strong local belief that this prepares and toughens a child.

Increasing numbers of 'almudos' were found on the streets in the early 1990s, especially in the Kombos, and the feeling that it was not right for children to be begging in the streets came to the fore. ISRA felt that it was not right to condemn the system. They felt it would be better to work with the deeply rooted traditional concepts rather than using force to try to prevent it happening. ISRA wanted to correct Islamic misconceptions and find an alternative solution to the problem and they therefore established a drop-in centre at Talinding for these 'almudos'. They provided recreational, washing and simple medical facilities as well as food. For those 'almudos' admitted for medical treatment at the centre whose marabouts would not allow them to come back without a certain amount of money, a small sum of money would be given at the end of the day. The facility became very popular with over 200 boys attending each day, some as young as 5 years old. 40% of those using the drop-in centre were Gambian, mainly from CRD originally, the rest were from neighbouring countries. All were from the Tijaniya sect.

After the closure of the 'almudo' centre mid-1995, foreign nationals were repatriated. Many of the Gambian 'almudos' became part of a resettlement programme that ISRA and NSGA co-ordinated. A total of 209 'almudos' were resettled in 7 villages with their 8 marabouts. Support in the form of supply of cereals for subsistence, farm implements, breeding animals, seeds and fencing was provided to assist them in returning to a farming lifestyle. Some support from Muslim Aid UK was also provided through ISRA in the hungry season.

Subsequently a PLA priority ranking raised a concern about the dwindling forest cover and therefore the

lack of firewood (as Qur'anic lessons at night were dependant on it). The Department of Forestry and ActionAid have subsequently been working with ISRA in these communities. Currently a bee-keeping programme is being implemented in some communities.

Visits to two of the villages where these marabouts had been resettled found that both individuals concerned had travelled (one permanently, but the other only for the Tobaski feast). Discussions with their family members helped to understand their circumstances. Most of the 'talibes' are from the village itself, but economic hardship took them to the Kombos. The resettlement was successful because they were supported with equipment and other resources, but recently the assistance has not been available. This is one of the reasons that the marabouts have to travel: to look for support. It was reported that most of the mothers are against the way their sons are sent away by their fathers as 'almudos' and were happy to see them return. Although the community was initially annoyed that the children were returned, they were in fact pleased to have the children back home since they had a fear that in the Kombos the children would be exposed and circumstances make them go astray. Some of those returned are still in the village, others have gone for further Arabic studies.

The Gambian government still discourages 'almudos' from begging on the streets, but the practice continues. In Brikama, Soma , Farafenni, Janjangbureh, Basse they can still be seen, and some people believe they are increasing in the Kombos. Staff at ISRA commented that there are many other children who are suffering who are not 'almudos', for example the numerous children sitting outside mosques waiting for charity, and the many others who are not visible.

Medical Research Council

The MRC offers enrolment in its study cohort (the 'Fajara Cohort') to HIV positive individuals. These are often patients who initially present because of illness, and are not representative of a particular area or community. Cohort members are provided free medical care, including transportation reimbursements, and almost all HIV patients seen at the clinic choose to enrol in the cohort. The benefit of free medical care and transportation costs is extended to children of cohort members presenting with the parent. Counselling and testing is also offered to all children of HIV positive parents, regardless of the parent's enrolment in the cohort. The cohort was established in 1986, and a total of nearly 4000 people have been enrolled, of whom nearly 1400 are currently enrolled while most of the others have died. In the entire cohort, 320 children under fifteen years of age, and 358 (inclusive) under eighteen, have been recruited (i.e. they are HIV-positive). Of the 320 under fifteen 81 have died, of the 358 under eighteen 90 have died. Some of the study cohort patients are members of the Santa Yallah Support Society.

Based on OVC data gathered around 2001, 459 HIV positive adults with dependents under 18 years of age were identified in the cohort. The total number of dependents of these HIV positive adults was 1095 (i.e. each adult had around three dependents, not all of whom were their biological children). Of the 459 adults, 81, with 184 dependents, have died as of March 2004. It is not known how many of the adults left behind a surviving partner to take care of the children, how many of the children are seropositive themselves, or how many have died or reached the age of majority in the intervening three years.

Methodist Mission

The Methodist Mission provides education for mentally retarded children.

Missionaries of Charity

This charity, supported by the headquarters in India, and by Rome, has been present in The Gambia for about 10 years. It offers a clinical outpatient service on Mondays and Fridays to mothers and children who present for treatment, for which there is no charge. Patients come from as far as Brufut, Tanji and Barra. Most are non-Gambian - who would be charged at government facilities at a higher rate for services than Gambians. Children who present malnourished are admitted as inpatients, and occasionally social welfare brings in a child.

Fourteen women and their breastfeeding babies; approximately thirty young children between the ages of one and three; and two mentally handicapped girls 12 and 13 who have been there for several years, are currently inpatients. All are given proper nourishment and basic medical care. Very sick children are referred to the RVTH.

Average stay for the toddlers is three to four months with mothers visiting their children on Saturdays. Children were reported to miss their mothers initially, and there is no real mother substitute to whom they may relate during admission, the local staff working shifts.

While there is no health education or follow-up service, many of those seen are probably not permanently resident in The Gambia, and many are known to travel. Some of those seen maybe in The Gambia as displaced people. Prior to the increase in resident permit fees for Senegalese many older undernourished children were also admitted for nutritional rehabilitation.

While it is not known how many of the children are orphaned, some are brought by their grandmothers as very young babies, and a few cases of HIV/AIDS affected infants is suspected, but not on the scale as experienced in another African country by one of the Sisters.

Munazamat Al-Dawa Al-Islamia

Munazamat Al-Dawa Al-Islamia is an Islamic organisation that sponsors orphans for their maintenance, education and their medical bills. They also provide skills training and support income-generating activities for the carers of orphans.

NACP

The National AIDS Control Programme currently has no support in place for OVCs. Support to PLWHA from the UNDP project cycle has included the distribution of meat substitute and biscuits, soft loans (D500, D1500, D2000) to Santa Yallah Support Society members, and the payment of school fees and rent for some. It is difficult to reach the orphans, especially when the family is unaware of the parent's cause of death.

The new UNDP project cycle will again support those affected by HIV/AIDS through payment of school fees and the setting up of viable income generating activities. There is a move to form only one PLWHA group/association (i.e. to merge SYSS and Nyanga Killing Association) which will have branches.

Their subjective experience is that not many parents dying of HIV/AIDS, but if the trend continues in ten years' time half of those now infected will have died, leaving many orphans behind. It can be difficult to know who is an orphan, as other members of the family will take the child in.

National AIDS Secretariat

Through the funds available under the HIV/AIDS Rapid Response Programme (HARRP), the National AIDS Secretariat (NAS) is able to support organisations that work with children affected by HIV/AIDS, and help to provide for the needs of these children. This is usually in the form of support for educational expenses. Organisations that NAS works with include: Hands on Care (and Nganiya Kiling Society), Santa Yallah Support Society and the Standard Chartered Bank Child's Centre project (all described elsewhere in this section).

National Youth Council

The National Youth Council was created by an Act of Parliament in 2000, and is charged with the responsibility of co-ordinating all youth programmes and activities countrywide. One of the key functions of the Youth Council is to advise the government on youth matters. Their role is to create an enabling environment, through the empowerment of youth, to facilitate programmes that support young people, and involve children in national development. They raise awareness on the needs of children in general and work towards the development of children.

The Council is running a project called Adolescent Youth Reproductive Health Project (AYRH) which aims to address the needs of young people in the area of sexual and reproductive health and rights, with support from UNFPA.

They are making effort to set up a Children's National Assembly of The Gambia to involve children in decision-making and national development. This would also aim to raise awareness on the Convention of the Rights of the Child (CRC), and the African Charter on Rights of the Child. This is supported by UNICEF.

The Council does not have any specific programmes for the support of more needy or vulnerable children, and are at the stage of conceptualising how to support "needy" children.

They have produced a directory of children and youth organisations in The Gambia, an important tool for networking, co-ordination and the sharing of experiences and best practices.

NAYCO

National Association of Youth and Children Organisations (NAYCO) is an umbrella organisation of youth and children's organisations and does not provide services to OVC as such. Activities include the organisation of The Day of the African Child, organisation of the National Forum for Children, promotion of birth registration, HIV/AIDS sensitisation and providing resource people for related activities.

Red Cross

Red Cross is involved in disaster relief and protection during emergency situations, and as such will often provide support to OVC in these circumstances.

Santa Yallah

Santa Yallah Support Society was the first organisation set up in The Gambia for peer support of PLWHA. The organisation deals with a wide range of needs of PLWHA, including counselling, peer group meetings, skills training and so forth. As members have become ill and some have died, the question of support for their children has been raised. Santa Yallah has assisted with food aid, educational support, and counselling for these children. A small number of children who have lost their parents to AIDS still maintain contact with the organisation.

SOS Children's Villages The Gambia

SOS-Kinderdorf International is the largest NGO child welfare organisation in the world, and works in 131 countries. Their mission is to 'help orphaned, abandoned and destitute children regardless of their ethnic background, sex or religion, by giving them a family, a permanent home and a sound basis for an independent life'.

In 1982 the first SOS Children's Village in The Gambia was founded in Bakoteh and later the SOS Youth Village was built. Today there are 75 children in 12 family houses, and 30 youths (aged 14-18). The aim is for a child to fit back into society when they are re-integrated as a young adult.

As such, SOS is the only residential facility for orphans, abandoned or destitute children in The Gambia. Procedures for admitting a child are arranged through the Department of Social Welfare. The majority arrive as babies. Interestingly in the past there has been a predominance of male children, reflecting the fact the those bringing the children may see the institution to be giving children a chance in life which would be perceived to be more useful to males. However there are now 27 boys and 48 girls currently resident at SOS. They come from all divisions of the country, and represent all ethnic groups. The majority have been orphaned (48), with the remaining children described as abandoned (27).

Children live in family homes of up to 8 children, with an SOS Mother living in the home and taking primary responsibility for day-to-day issues. A kindergarten, lower and upper basic schools and a technical senior secondary school are all established under SOS. In the kindergarten 29 of a total number of 126 pupils come from the children's village, the remainder from the surrounding population.

Standard Chartered Bank Child's Centre

The Standard Chartered Bank Child's Centre, Buffer Zone, Talinding has been open since July 2003. It is a set up by Standard Chartered Bank, KMC and the Department of Social Welfare. It aims to cater for 50 children, and currently there are up to 50 aged between 6 to 17 years, with equal numbers of boys and girls. Children are identified by a Social Worker who finds children in the streets or mosques, either roaming, thin and unkempt, or accompanying a disabled adult/parents who are begging. The child is then interviewed and a home visit conducted for a needs assessment. Some are orphaned, a few have lost both parents. If on assessing the child's situation parents/guardians are unable to provide the basic necessities for the child (not supporting the child, not sending child to school, or not providing three meals a day) the child is enrolled with the centre. If the child is not attending school a place is found. Provisions, school fees and expenses are met by SCB and the Gambia Government. Drop-in services for lost children are also provided.

The opening hours are 8am to 7pm, Monday to Saturday, and the Centre provides three meals a day.

Children come before or after school, depending on the time they should be at school. The children spend the night at home: this is not a residential facility. No schooling is given at the centre, however educational support is given for example help with homework and remedial classes, as well as skills training for the children and their parents. Other facilities include board games and jigsaw puzzles, library, IT room, football and swings.

There is a basic clinic for the treatment of minor injuries and emergencies. If there are other health problems the child is referred, by vehicle, to the nearest health facility.

UNICEF

The United Nations Children' Fund (UNICEF) works closely with the Government of The Gambia. Their programme emphasises a rights-based approach in the fight to improve the situation of children and women. This reflects and relates with other national initiatives in terms of policies and priority areas that affect children and women and poverty in general, including vision 2020, the overall national development strategy. They emphasise the importance of a multi-sectoral approach and co-operation between partners.

The overall goal of the UNICEF country programme is 'to contribute to the survival, development, protection and participation of women and children in national development'.

The country programme contains the following:

1. integrated basic services (strengthening primary healthcare and childcare development)
2. rights promotion and protection
3. planning, development and support

The strategies to be used combine service delivery, community empowerment, capacity building and emergency preparedness. The Master Plan of Operations for the UNICEF country programme 2002-2006 describes the objectives and indicators to be used to assess the success of these strategies. The country programme objectives are as follows:

1. To contribute to: a) the maternal well-being, particularly to the reduction of maternal morbidity and mortality rate by 20% and under-five morbidity and mortality by at least 25%; b) providing equitable access for children, particularly girls, to quality basic education in the selected geographic areas from 63% to 80%; c) early childcare for survival, growth and development in the selected geographic areas to ensure that 50% of children reaching the age of 8 years are physically and mentally fit and able to learn.
2. To contribute to: a) the creation of awareness on children and women's rights, providing the enabling environment for their promotion and respect nationwide; b) the protection of children in special needs areas; c) the strengthening of national capacities to ensure the implementation and monitoring of the CRS, CEDAW, and the National Youth Policy.
3. To contribute to: a) the enhancement of national capacities for planning, implementation, co-ordination, monitoring and evaluation of social policies and programmes; b) ensuring reliable data collection and analysis; c) ensuring an defective planning, co-ordination, monitoring and evaluation of the country programme.

If these objectives were to be achieved it would potentially improve the situation of *all* children living in The Gambia, including orphans and vulnerable children. While there does not appear to be any mention of priority groups such as OVC in this planning document it can be understood that the success of these policies would indeed have a positive impact on their situation.

UNICEF is working at the advocacy level to ensure that OVC issues are put on the national agenda, that they are included in the national response to HIV/AIDS and that their rights are protected, respected and fulfilled. UNICEF is also providing technical and financial support to this situational analysis, and the development and implementation of an OVC Strategic Plan of Action.

Worldview

Worldview International Foundation produced the 'Street children in The Gambia' video sponsored by UNESCO through the Department of Social Welfare in May 2003. This video shows how there are 2 groups of children spending time on the streets: those who are engaged in economic activities but will usually return to a family compound at night and those Qur'anic students sent to beg and raise money for their upkeep. Very few will actually be sleeping on the streets.

This report shows how some children may leave home because of abuse, and that they then get involved in begging, selling, shoe-shining and odd jobs on the streets in the urban areas. They are exposed to drug use and sexual risks.

'Almudos' are given to a marabout to learn to the Qur'an between the ages of 8 and 15. This is not because of family breakdown, but such boys may well be vulnerable or neglected. The marabout sends them out for a large part of each day to beg for food or money. Thus they spend the day in the street in poor conditions and may in fact be exploited. However this is a sensitive issue as it is a long-standing cultural phenomenon, supporting beliefs about the importance of learning the Qur'an. One of the interviewees on the film describes it as 'a traditionally sanctioned social strategy for survival'.

Discussion and Conclusions

Rationale

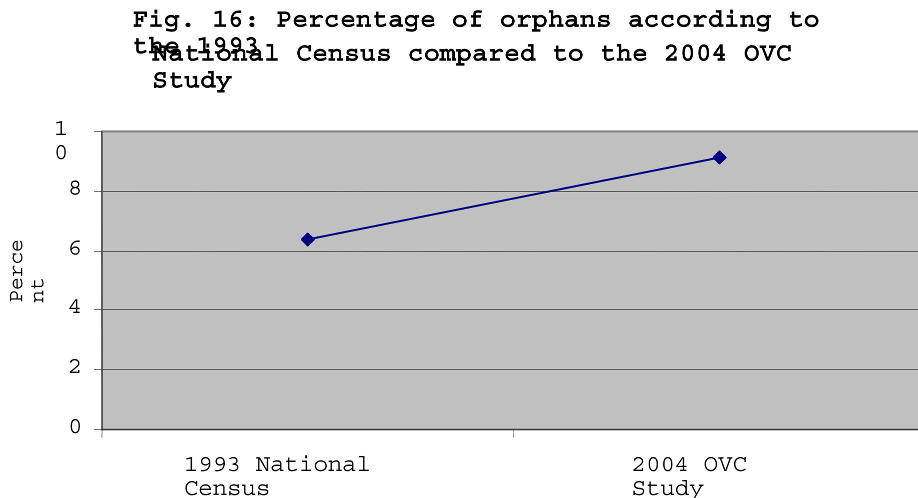
This situational analysis of orphans and other vulnerable children in The Gambia is the first attempt of its kind to identify the scale of the problem, the issues involved and assess the existing services provided. It is hoped that these baseline findings will be useful for comparison purposes at a later date if the situation appears to change. The results can also be used for planning improved and co-ordinated interventions for OVC, and for thinking about policy and legal reforms.

International concern about OVC has largely resulted from the impact of the HIV/AIDS epidemic. However, the numbers of children losing their parents to AIDS has to date not made a major impact in The Gambia. Nevertheless this situation analysis shows that there are many children in The Gambia who have lost one or both parents and others who are living in vulnerable circumstances and that they are likely to suffer early death, poor health, educational deprivation, abuse, neglect or exploitation. Pre-existing economic constraints combine with their personal circumstances to jeopardise their health, education, well-being and safety.

How many orphans are there in The Gambia?

From the total population of children surveyed aged under 18 years, 9.1% were orphans, 1.1% severely disabled and 13.1% foster children. In 1993, according to the National Census report, 6.4% of children under the age of 18 were orphans. This shows a 42% increase in orphanhood between 1993 and 2004 (see Fig. 16). Based on a total population in The Gambia of 1,364,507 (2003 Census) this gives an estimated total number of orphans of 62,245.

Fig. 16: Percentage of orphans according to the 1993 National Census compared to the 2004 OVC Study



In 2000 according to the MICS findings 8% of children under the age of 15 were orphans. In this study 8.1% of children in this age group were reported to be orphans. So this comparison with the MICS data suggests that there was no increase in the proportion of orphans among children under the age of 15 between 2000 and 2004.

The qualitative data collected for this report showed that many community members feel there are now more children orphaned than was the case in the past. In fact in all communities members reported

parents dying and leaving children occurring more frequently than before.

While this study found that 73.7% of orphans had lost their father, 20.0% their mother and 6.3% were dual orphans, an OVC Situational Analysis in Nigeria found that 60% of orphans had lost their mother, 18% their father, and 22% were dual orphans.

Nationally, from the estimate of 62,245 orphans, 45,829 would be estimated to be paternal orphans, 12,312 would be maternal orphans and 4,104 would be double orphans. The practical consequences as well as social significance of losing a parent depend greatly in Gambian society on the sex of parent who has died. For a young child the loss of a mother is more likely to jeopardise their health, both physically and emotionally. A mother plays a critical role in caring for a child, and if she is not there, this situational analysis has shown that the substitute carer may not be able to look after the child in the same way. From the FGDs some felt that losing a mother has the greatest effect, with a mother's love being irreplaceable. However from society's viewpoint the loss of a father is more significant, as the child is part of his lineage. In practical terms the financial contribution of a father to a child's upbringing may be sorely missed in the event of his death.

The causes of death of parents of children have not been tabulated for The Gambia. The results of the WHO Burden of Disease Study (2002) for SSA suggest that apart from HIV/AIDS, women die from maternal mortality, injuries, respiratory infections, cardio-vascular disease and tuberculosis, and men from injuries, tuberculosis and cardio-vascular disease.

In all the divisions the survey found between two to three times more paternal orphans than maternal orphans; whilst approximately one in twenty orphans have lost both parents. The large number of paternal orphans is partly a consequence of large age differentials between husbands and wives. When a Muslim woman loses her husband in The Gambia she is usually 'inherited' by a brother of the late husband. Often this second marriage is 'in name' only, but she will remain resident in the family compound. This system is designed to protect and care for the widow and the children. For religious reasons it is not recommended for an older woman to remain unmarried, and the late husband's heirs should remain within the family. While this traditional system is continuing to operate it can be seen to be under great pressure because of economic constraints and the advent of HIV/AIDS. Many widows in the FGDs said that their new husband did nothing to support them or their children, because they already had enough trouble taking care of existing wives and children.

The survey found that orphans were more common in URD than other divisions. Possible reasons for this may include larger age-gaps between husbands and wives and early death being more common than in other parts of the country, but few supportive data are available on these issues. In URD access to safe water, sanitary means of excreta disposal and proportion of births attended by skilled personnel are among the lowest in the country (MICS 2000), and these indicators may influence mortality levels in the division. From sentinel surveillance data HIV-1 prevalence is also higher in URD than that found in most other parts of the country. Many other health and poverty indicators show that URD is relatively disadvantaged within The Gambia.

Nationally the percentages of male and female orphans seem similar, 52% and 48% respectively. In Banjul and LRD, however, there appeared to be two male orphans to every female orphan. This was an unexpected finding, and is hard to explain.

While there were more children in foster care (13% of all children) than there were orphans (9%) in the survey, such children were not included in the definition of "vulnerable". Foster children, in most cases, are children sent to a relative or occasionally a friend, to be brought up and/or to continue their schooling. These children can usually communicate with their parents and, if they are in school, would spend some

of their holidays with their parents.

For children who are orphaned and have no extended family available to take care of them it was reported that there are people willing to foster. A number of AIDS orphans had been placed with non-relatives, for example. However there appears to be no legal framework regarding fostering. This would be very useful.

AIDS orphans?

What cannot be determined from this study is how many children become orphans because of AIDS-related deaths. Until very recently, HIV testing was only undertaken for the purpose of screening potential blood donors, except in a few non-governmental establishments in the Western Division, and the Royal Victoria Teaching Hospital in Banjul. In March 2004 a government programme to prevent transmission of HIV from parent to children (PTCT) was established in several facilities in Western Division, with the introduction of Voluntary Counselling and Testing (VCT). It is planned to introduce these services nationally. During a situational analysis of PTCT undertaken in October 2002 two-fifths of community members interviewed said they would get an HIV test if available, and during the implementation period of the PTCT programme two-thirds of antenatal women counselled opted for the testing and returned for the result.

Since the majority of the population are aware of HIV and its mode of transmission, it is hoped that with the implementation of the PTCT programme and the introduction of antiretroviral therapy for those for whom it is medically indicated, people living with HIV will become open about their diagnosis, and the current rate of spread will be reduced.

At this time, it is difficult to state precisely what impact AIDS is having on families and children in The Gambia, since the actual numbers of children orphaned through AIDS is unknown. It has been estimated that there are 5000 AIDS orphans in The Gambia (Children on the Brink 2000). The data collected for this report do not add any further precision to this estimate, but this figure appears to be a low estimate. The vast majority of these orphans would have no idea that their parent(s) had died of AIDS.

It proved remarkably difficult to estimate precisely the numbers of AIDS orphans for two reasons: a) if the parent is diagnosed with HIV they may not share their diagnosis with anyone, so no-one will know that the children are ‘AIDS orphans’, or if they do share the diagnosis then that other person may not share the diagnosis because of the fear of stigma, and b) many people who die of AIDS have never been diagnosed with HIV. However, from the data available from the 2 major centres treating PLWHA, it is possible to make some estimates.

The MRC cohort has enrolled approximately 4,000 people with HIV (1,400 of whom are currently enrolled and most of the remainder have died), and if each of these has an average of three dependents, then it can be estimated that there are 12,000 affected children from this cohort. Some of these children are infected, and many of them have been orphaned. Most of this group of PLWHA are known to Santa Yallah Support Society, so the estimates of orphans/ affected children from this organisation are subsumed by the estimates from MRC. Hands on Care report an estimated total of 430 orphans to date, and 870 children affected by AIDS whose parents have been seen in their centre. Therefore the total estimated number of children affected by HIV/AIDS from the 2 major centres treated PLWHA is 13,300. The estimated number of AIDS orphans from these 2 centres would be 7,000-10,000.

These figures represent the best estimates of the numbers of children of those people diagnosed with HIV, but do not cover all areas of the country as MRC and Hands on Care are located in the western part of the country (in which 55% of the population resides, 2003 Census). Relatively few people have been

diagnosed with HIV outside this area to date, essentially because services have not been available. The problem of stigma around HIV has led to significant gaps in the information available about AIDS orphans.

Currently the majority of children are orphaned most likely for reasons other than HIV, as already mentioned. But given the number of children who have lost at least one parent The Gambia has a considerable problem regarding orphans and vulnerable children, which will be seriously exacerbated as the adults currently infected with HIV die and leave behind their children.

Role of extended family

Traditionally the extended family takes the major role in caring for an orphan, and this is considered an obligation, based on both cultural and religious beliefs. The situation of those orphaned through AIDS has many similarities to that of other orphans: even where it is likely that a child's parent or parents died of AIDS, with its associated stigma, children are still being taken by members of the extended family. It was reported that generally families were happy to take care of orphans, although the realities of their economic situation made it seem impossible for a few in spite of it being an obligation.

It must be emphasised that many orphaned children are successfully cared for by the extended family. While all orphans are potentially vulnerable, those that are raised in a caring family environment where their needs are met will not necessarily be vulnerable. Data collected for the situational analysis suggest that one of the most effective strategies for the support of OVC would be support to the extended families of orphans, to reduce the burden of the extra mouths to feed.

Nearly all orphans interviewed for the survey were cared for by the extended family system. Two-thirds of them were directly related to the household head who was either a parent or grandparent or a parent's sibling; whilst three-quarters were directly related to the carer also either as a parent or grandparent or a parent's sibling. Nearly three-quarters of orphans had always lived in the households where they were found. This supports the idea that the extended family structure is playing the lead role in caring for orphans. Those that had moved from another household had done so because one or both parents died. Parents of orphans who were not living together in the same household had either re-married and moved elsewhere, for mothers; or moved because of work, for fathers.

Comments from the FGDs suggested that it was either unknown or very rare that a child who had lost its parents had not been taken in by someone. During the focus group discussions women were described as the ones who would mostly take on the care of an orphan, and the male head of the family the "responsibility". In particular the carer is found within the mother's family if the mother dies, or it may sometimes be the mother's co-wife. If the father dies, most frequently the carer continues to be the mother, who finds herself also "responsible" for the child, or the grandmother may step in. Thus women tended to be the ones left with the duty of the day-to-day well-being of orphans, and frequently the everyday costs, within a difficult economic environment.

Traditionally it is expected that the extended family should take care of children who lose their parents, but this community safety net is often under severe pressure, given the consequences of poverty in the country. This was very clear from the FGD findings for this report: the extended family may be willing to care for orphans but is often not financially able to support the child adequately. Most of the difficulties encountered with coping with orphans are economic. Families are already struggling with their own children, and an addition to the family stretches their meagre resources still further. Sending children to school, with all its associated costs, is reported to be a major headache for many. In the past, when few children went to school, an addition to the family, particularly of a child who has already passed though the very early years, would likely have been regarded as an asset, providing an extra pair of hands on the

farm and around the compound. Now, however, with the emphasis on schooling, such an addition may be a burden to a family. For much of the day the child is not available to help with farming and domestic chores, and then there are the additional costs to be met to ensure the child receives schooling.

Consequences of orphanhood for the child

In recent years The Gambia government has made tremendous strides in improving access to education. Many schools whether Lower Basic, Upper Basic or Senior Secondary, have been constructed across the various divisions in the country. In spite of this, however, in the survey nearly one in five orphans had never been to school and the main reasons given were: "no one to pay school fees" or "the parent died". These reasons were also the main factors reported by those who discontinued their schooling. The findings of the qualitative data supported this finding: both adults and children suggested that the chances of completing schooling for an orphan were very much reduced. A number of orphans reported that they had had to drop out of school as there was no-one to pay their school fees after their parent had died. Some in the FGDs spoke about the possibility of orphans receiving assistance. While there are a number of schemes, both government and NGO, which aim to assist such children with sponsorship for schooling, clearly many children are not being reached. It is also important that the indirect costs of schooling are also met by all such schemes. (Some already do take this into consideration).

The variations found in housing difficulties reflect rural-urban differences with regard to housing quality and possibly increased likelihood of tenancy in urban areas. Orphans in rural areas felt their housing conditions were comparable to non-orphans, while those in urban areas were experiencing difficulties with eviction and poor quality housing.

Orphans have soap to take a wash and many do their own laundry. Most control children also have a soap to take a wash but, on the other hand, they do not do their own laundry. Both orphans and non-orphans seem to have the same or similar material possessions like clothes and shoes and that they sleep on a mattress. However fewer orphans sleep under a bednet than controls.

Orphans in urban areas reported undertaking more domestic chores (in the home) than non-orphans, while those in rural areas felt there was no difference. In URD Fula non-orphans were also concerned that stepmothers overwork orphans.

Orphans reported that they were working outside for money. Many seemed to be doing domestic work and farming, while non-orphans seem to be doing more selling/street vending. Street children involved in focus group discussions reported that they could earn D10 - D40 per day, and that they gave what they earned to someone else, usually a relative. Many orphans were also engaged in selling/street vending. Domestic work and selling in the streets can be risky. Domestic servants have been known to be sexually abused and maltreated whilst those who sell in the streets may also be prone to abuse and harassment.

Orphans reported that they use the income derived from working outside to support him/herself, by either keeping it or spending it. This may be an indication of inadequate support from the caregiver or guardian. If there was adequate support there may not have been the need for the orphan to work outside for money. More orphans however were receiving money from elsewhere besides work than those who get it from work. Nearly three out of ten orphans get money from elsewhere compared to about one in twenty non-orphans.

Results of the MICS study already mentioned clearly indicate that orphans are at increased risk of poor nutritional status, with a greater percent of orphans being both moderately and severely underweight and stunted. The survey data showed that non-orphans reported eating more meals a day (9% orphans had more than three meals a day compared with 19% of control children) and were more likely to say that

they always had enough food (86% controls, 80% orphans). This backs up the MICS findings that a substantial number of orphans are particularly vulnerable nutritionally.

Many births are not being registered, whether for orphans or non-orphans. The possible reasons may include lack of awareness of its importance and the associated costs involved in registering a child.

Health indicators

The Gambia Expanded Programme on Immunization has demonstrated, through several Coverage Evaluation Surveys, a high availability of clinic cards and an equally high immunization status of children under two years. In its latest EPI Cluster Survey conducted in 2002 99.9% of children under two have clinic cards, 93% have received DPT3 and measles, respectively and 81% are fully immunized. In this study 75% and 89% of orphans under five reported receiving DPT3 and measles immunizations, respectively. Whilst measles coverage is high DPT3 coverage seems low, both for orphans and non-orphans. The higher measles coverage may have been due to the Measles National Immunization Days held in December 2003.

Orphans, like other children, do fall ill and when they do they are taken to the health facility. No difference for these indicators was observed in the survey between orphans and non-orphans, although more orphans reported going to the Traditional Healer than non-orphans. Orphans also give care and support to members of the household when they fall sick. Such care and support include giving medicines and running errands.

Growing up

In the survey, over one-third of orphans aged 12 to 17 years said that they talk about relationships with those of the opposite sex, and they also talk about sex or about having sex. There may be some evidence of sexual harassment or abuse among both orphans and non-orphans. Nearly one in five orphans and other children aged 12 to 17 years reported knowing someone who has been touched and told not to tell anyone. No difference was observed between the two groups. Many of those interviewed seemed to show that they had skills to prevent sexual harassment or abuse: they would avoid risky environments, fight the person or shout/cry for help.

In terms of sexual activity: more 15 to 17 year old orphans reported that they have been involved in sex or have a friend who has had sex than non-orphans. Condoms have been reportedly used in eight out of ten cases. This may indicate awareness of STIs, including HIV/AIDS and prevention of unwanted pregnancies.

Orphans 12 to 17 years old had high knowledge and awareness on HIV/AIDS. Nine out of every ten orphans had heard of HIV/AIDS, and knew that it is transmitted through sex. Most also knew of the other transmission routes like unclean needles and sharp objects, blood transfusion and mother to child.

Comments in the FGDs from both adults and children revealed that in general children, including orphans, are involved in decisions that affect them, particularly with regard to choice of school, clothing and choice of marriage partner, although communities in URD and the Jola community visited appeared more authoritarian. Monetary constraints were mentioned by some with regard to orphans making their own choices. A number mentioned that involving children in decisions relating to their future is a relatively recent phenomena, with people aware of the issue of children’s rights.

Abuse

During focus group discussion the majority of respondent felt that abuse did not occur. However a number of incidences were reported, some involving orphans. This included violence, often in the form of beating as a form of punishment. This was more common among the more authoritarian communities where they tended to see it as tradition and not abuse. Specific incidences of sexual abuse were also reported, and comments made relating to lack of consensual sex, and pregnancies for which men deny responsibility. Exploitation of labour and discrimination was mentioned by some and confirmed by widows, although a number felt that it was other ethnic groups or nationalities involved. Child neglect was also thought to be more likely to involve non-Gambian children.

Reporting of abuse appears to occur at various levels, depending on the locality and the accessibility of the police. Some incidents were dealt with on the individual or family level, and if necessary would then be reported to the Alkalo (village head), who may deal with it at the community level or report it to the police. Whether a satisfactory response is made in relation to the degree of abuse, in terms of penalty for the perpetrator, is however uncertain.

Inheritance

In most rural areas community members said property stealing after someone died did not occur since property was shared by learned Islamic scholars, according to Sharia law. However there were numerous reports of individuals, mostly men, acquiring property and belongings they were not entitled to. Within the Jola community many believed men are the rightful inheritors of a deceased brother's property, belongings and children. Most knew that according to Sharia Law a male child should get twice that of the female child. While many respondents from rural communities were against the idea of making a will, responses supporting the idea came from those in urban communities, a number of women in rural communities and from widows.

The combination of the comments made regarding problems around inheritance and that caring for orphaned children falls on women, as well as the inadequacy of existing inheritance laws, indicates a pressing need for law reform regarding inheritance.

Children on the streets

Children working on the streets do appear to be vulnerable. Many of those interviewed spent long hours on the streets, and few had received much or any Western Education. Although most were not orphans these children did not have the same opportunities as others, and the 'almudos', as has been shown before, are particularly disadvantaged. Fula men and women who were asked for their thoughts about 'almudos' were aware of the hardships the children underwent, but believed they received benefits both immediately and in the hereafter. None supported the idea of begging in the streets in the urban areas and believed such children were non-Gambians, which is not the reality. They reported that they were monitoring the situation of their own children while they were away, but thought that the ideal situation would be for a Qur'anic institution within the village.

Coping mechanisms

Community members considered orphans to be vulnerable, since they do not have their biological parents to support them, and identified that they need support. In theory the mechanism in place for doing this is the extended family, and indeed almost all children who are orphaned in The Gambia are taken in by relatives and become absorbed into the wider family, even AIDS orphans. Hands on Care reported that when children have lost their parents to AIDS the organisation can act as a sort of bridge to help and

support the local and traditional structures that exist for children who have lost parents. They provide any necessary health care and assist the children and family during the initial crisis, giving the immediate family reassurance that they are doing the right thing as they come to terms with the situation.

The one case of a completely depleted family, where all the relatives were distant and the children had different fathers, was the only case of a child-headed family referred to during the entire course of the data collection, the oldest child being 14-15 years old. Initially the eldest child was caught stealing, but when the children's situation was made "apparent" to the community, that they had no food or money, the community were willing to help. Now supported with a bag of rice each month and school fees, through the Hands on Care Project, the children are in school, and the oldest girl has been taught some income generating activities.

That so many children in The Gambia are living with family members but apart from one or both parents, either as an orphan or as a fostered child, and that the majority of orphans reported that they did have someone to whom they could talk about their problems, testifies to the fact that children are readily accommodated within the extended family system. It is an accepted tradition, seen as something expected by God, or that one owes to one's "brother". Thus with the general belief that Allah will provide, family members accept the situation and deal with it as best they can.

In reality however the day-to-day tasks of accommodating children who have lost either or both parents falls to women, a point made repeatedly during focus group discussions with widows and with community women. While men were quick to admit that yes, it could be difficult accommodating orphans, but that "they" were managing, what was heard from the women was that yes, it was difficult, in fact very difficult, and that it was principally the women themselves who were having to make sustained efforts to provide what they could for such children.

In cases where traditionally the responsibility of providing the basic needs lay with the men they were frequently reported not to be fulfilling their obligations. Many women reported that they had to shoulder the responsibility of looking after orphans on their own, without assistance. The extent of perceived help from others also seems to depend on gender. In one village a man reported that if orphans are sick and the caregivers are unable to treat them the villagers help each other to take them to the health centre. However in the same village a woman commented on the time and effort she had personally had to expend to take a child for treatment.

Both children and adults mentioned that with both parents alive children benefited from the combined efforts of their parents and the pooling of resources, something not possible when a child was orphaned. This affected orphans in the most basic areas, with difficulties arising with the provision of adequate food, health care, clothing and schooling as reported during the focus group discussions.

The success of the extended family in looking after orphaned children is seriously jeopardised by the extent of poverty, especially in rural areas of The Gambia. Quite naturally parents will tend to prioritise (even subconsciously) their biological children when resources are scarce.

For the small numbers of children for whom care within the extended family cannot be found SOS Children's Village is providing a family-like environment in which they can grow up, well-protected and well-provided for. The FGDs with children from SOS showed that they appreciated that they were fortunate to be placed there.

During this situational analysis it has been found that the community is not collectively providing support to PLWHA and the orphans, probably because the need has not been generally realised. Support that is given by villagers or neighbours is provided at the individual level, for example giving remaining food to

orphans in Banjul, and this may not be on a regular basis. However here again it was felt that it was the general economic situation that was largely responsible for such lack of support.

Services

In terms of the response to the problems faced by OVC there are some existing services, but often not co-ordinated, and generally insufficient, given the scale of the problems being experienced. It is imperative that organisations involved work collaboratively. They need a shared understanding of the problems they are facing and the most appropriate response. For example assistance for school fees from NGOs and concerned individuals does not appear to be well co-ordinated.

There was only one organisation formed specifically to identify orphans (AFWORD in URD). They have been registering widows and their children, but little assistance has been forthcoming so far. It was noted that while a large number of NGOs are assisting children in URD there is a gross lack of co-ordination and many of the orphans are not being reached.

National response to HIV/AIDS

There is awareness that OVC issues need to be reflected in national programming. However it has to be said that the response has to date been *ad hoc* and the incorporation of these concerns into national policies and strategies has not been prioritised. Individual AIDS orphans have been dealt with by the agencies to which they present with compassion, but in the absence of any national guidelines. Support for these activities has come from the NACP and the HARRP funding. It would be useful for the HIV sector to formalise a policy on OVC.

Conclusions

This report has shown that many children are vulnerable in The Gambia. Children who have been orphaned by AIDS may be discriminated against and deprived of basic human rights to education and health. But children who have been orphaned by other causes are no less vulnerable, and this is particularly relevant when looking at the needs of OVC in The Gambia where relatively few AIDS orphans have been identified to date. Children who are not orphans may also be vulnerable for other reasons, and where economic conditions are difficult this has ramifications for their education, health, well-being and safety.

Recommendations

Policy and Legal Framework

1. A more detailed study of both the Sharia law of inheritance as well as the reformed English laws applicable in this regard in The Gambia as at 18/2/65, to facilitate the enactment of more suitable succession and inheritance laws for The Gambia.

2. It would be useful to establish a legal framework on fostering which must take into consideration the socio-cultural background of the child.

Services

3. Free education and health care for all orphans under 18. This can be either by state and local government sponsorship or through local and international organizations or individuals.

4. The Departments of State for Health and Education to establish a formal school health programme. Divisional health and education offices can collaborate in the implementation of the programme. The Pop/FLE programmes can be included in the school health programme in addition to periodic screening of children for communicable diseases and other health conditions.

5. Establish and encourage child-friendly reproductive health centres in all major and minor health centres for counselling and treatment of STIs and HIV.

6. Agencies working in nutrition related programmes to be encouraged to identify and provide support to orphans.

7. The needs of orphans, vulnerable children and in particular the special needs of AIDS orphans should be included in programming by government institutions and other agencies.

8. Strengthen families through community-based programmes.

9. Provide short-term support to families when children have lost their parents, to develop appropriate coping strategies.

10. The government should continue to support the most vulnerable (e.g. 'almudos') and provide basic essential services.

11. Encourage and support Early Childhood Development Programmes in communities.

12. Encourage VCT service provision, and the provision of antiretrovirals.

General

13. Long-term goals of poverty alleviation. This will in the long term ensure that extended families are able to provide better care for orphans.

14. Ensure access to training on income-generating activities, micro-credit and markets especially for widows and carers of orphans.

15. Increase understanding of gender stereotypes and how they affect boys and girls.

16. Since the findings of this survey corroborate earlier studies showing that the 'almudo' phenomenon arises in reaction to rural poverty it is recommended that the system is enhanced through an educational approach rather than eradicated by force.

17. Sensitise alkalos, chiefs, ward counsellors and other elders on child rights issues so that incidence of child abuse can be reported and handled appropriately.

18. Strengthen the capacities of organisations working for and with OVC.

19. Foster linkages between HIV/AIDS prevention activities and support for OVCs.

20. Sensitise the general population about the issue of OVC, to encourage community-based support for those caring for OVC and for the children themselves, and for parents to plan for the future of their children

Co-ordination

21. Set up a broad-based collaboration and co-ordination system to involve all stakeholders.

22. Create of a National Steering Committee on OVC.

23. Establish an orphan sub-unit or desk under the Child Welfare Unit of the Department of Social Welfare. One of the functions of the sub-unit to be the co-ordination of assistance and support to orphans from individuals and organisations. Another would be to co-ordinate with health workers when children become orphaned. Information about services should be made widely available to assist with access.

24. Computerise the data on OVC held at the Department of Social Welfare for planning and monitoring purposes. Support would be needed for this: hardware, software, technical advice and training.

25. Create an OVC sub-unit at the National AIDS Secretariat.

Bibliography

CCF (2003) Children and Poverty: shaping a response to poverty

CCF (2003) Report on the cross border initiatives consultations between border villages of Casamance/ southern Senegal and Western Division in The Gambia

Family Health International (2003) Care For Orphans And Vulnerable Children.

Gambia Government (1993) Population and Housing Census.

Gambia Government (1998) Household Poverty Survey.

Gambia Government (1998) Initial report of The Gambia on the United Nations Convention on the Rights of the Child.

Gambia Government (1999) Adolescent Health Survey.

Gambia Government (1999) National Nutrition Policy (2000-2004).

Gambia Government (2000) Social Welfare Policy.

Gambia Government (2001) Maternal, Perinatal, Neonatal And Infant Mortality And Contraceptive Prevalence Survey.

Gambia Government (2003) Department of Social Welfare 2004-2008 National Policy for Children in The Gambia.

Gambia Government (2003) Population and Housing Census.

Gambia Government (2003) HIV/AIDS Strategic Framework 2003-2008.

Gambia Government (2003) The initial, second and third reports of The Gambia on the Convention on the Elimination of All Forms of Discrimination Against Women.

Gambia Government (2004) Draft National Programme of Action for 'A World Fit for Children' 2004-2015.

Gambia Government (2004) Education Policy 2004-2015.

Gambia Government/UNICEF (2000) Master Plan of Operations for the Country Programme 2002-2006.

Gambia Government/UNICEF (2000) The Gambia Multiple Indicator Cluster Survey.

Hunter S and Williamson J (2000) Children on the Brink, USAID.

International Labour Organisation (1989) First National Poverty Survey: The Gambia

Killen A and Mulholland N (1995) Street children in The Gambia.

O'Donovan D, Ariyoshi K, Millagan P *et al.* (2000) Maternal plasma viral RNA levels determine marked differences in mother-to-child transmission rates of HIV-1 and HIV-2 in The Gambia. *AIDS* **14**:441-448.

Otti PN, Jallow COA (2002) Socio-Cultural Study on HIV/AIDS in The Gambia

Ratcliffe AA, Hill AG and Walraven G (2000) Separate lives, different interests: male and female reproduction in The Gambia. Bulletin of the World Health Organisation **78** (5).

Schim van der Loeff M, Hansmann A, Awasana AA, Ota MO, O'Donovan D, Sarge-Njie R, Ariyoshi K, Millgan P and Whittle H. (2003). Survival of HIV-1 and HIV-2 perinatally infected children in The Gambia. *AIDS* **17**: 2389-94

Smart R (2003) Policies for Orphans and Vulnerable Children: a framework for moving ahead. POLICY.

The Parliament of The Gambia (1992) Adoption Act.

UNAIDS (2002) Best Practice Collection: principles to guide programming for orphans and other children affected by HIV/AIDS.

UNDP/UN System/ The Gambia Government (2002) A Socio-Cultural Study On HIV/AIDS In The Gambia.

UNICEF (2002) Principles to Guide Programming for Orphans and other Children affected by HIV/AIDS.

UNICEF (2003) Orphans And Other Children Affected By HIV/AIDS (factsheet).

UNICEF (2003) What Religious Leaders can do about HIV/AIDS: action for children and young people.

UNICEF/ Gambia Government (1998) National Disability Survey.

UNICEF/ Gambia Government (2001) The Situation of Women and Children in The Gambia.

UNICEF/ Gambia Government (2003) Study on the Sexual Abuse and Exploitation of Children in The Gambia.

United Nations Special Session on Children (2002) A World Fit for Children.

United Nations Special Session on HIV/AIDS (2001) Declaration of Commitment on HIV/AIDS.

Williamson J (2000) What Can We Do To Make A Difference: Situation Analysis Concerning Children And Families Affected By HIV/AIDS.

World Bank (2002) Africa’s Orphans And Vulnerable Children.

World Bank (2003) Child Needs Assessment Tool Kit.

World Health Organisation (2002) Burden of Disease Study.

Annex I

Selected Enumeration Areas for the OVC Survey, January 2004

Enumeration Area Number	Local Government Area	District	Settlements
11-015	Banjul	Banjul Central	Banjul
12-008	Banjul	Banjul North	Banjul
20-003	Kanifing	Kanifing	Bakau Wasulung
20-075	Kanifing	Kanifing	Old Jeshwang
20-105	Kanifing	Kanifing	Latri Kunda German
20-203	Kanifing	Kanifing	Manjai Kunda
20-231	Kanifing	Kanifing	Bakoteh
20-259	Kanifing	Kanifing	Dippa Kunda
20-295	Kanifing	Kanifing	Sere Kunda
20-333	Kanifing	Kanifing	New Jeshwang
20-363	Kanifing	Kanifing	Eboe Town
20-400	Kanifing	Kanifing	Tallinding Kunjang
20-462	Kanifing	Kanifing	Bununka Kunda
20-530	Kanifing	Kanifing	Bununka Kunda
20-555	Kanifing	Kanifing	Faji Kunda
20-607	Kanifing	Kanifing	Latri Kunda Sabiji
20-629	Kanifing	Kanifing	Abuko
30-039	Brikama	Kombo North	Brufut
30-070	Brikama	Kombo North	Sukuta Sanchaba
30-098	Brikama	Kombo North	Sukuta
30-226	Brikama	Kombo North	Wellingara
30-133	Brikama	Kombo North	Sinchu Alagie
30-168	Brikama	Kombo North	Nema Kunku
30-184	Brikama	Kombo North	Nema Kunku
30-272	Brikama	Kombo North	Lamin
31-010	Brikama	Kombo South	Gunjur
31-044	Brikama	Kombo South	Sanyang
31-073	Brikama	Kombo South	Farato
32-035	Brikama	Kombo Central	Kembujeh
32-012	Brikama	Kombo Central	Bakary Sambou Ya
32-069	Brikama	Kombo Central	Brikama
32-093	Brikama	Kombo Central	Brikama
33-006	Brikama	Kombo East	Kuloro
35-003	Brikama	Foni Bintang Karanai	Sibanorr
36-015	Brikama	Foni Kansala	Bugijah, Gibangarr, Gibanack, Kampant, Kappa
40-019	Mansa Konko	Kiang West	Dumbutu
43-021	Mansa Konko	Jarra West	Soma

45-023	Mansa Konko	Jarra East	Demati Kunda, Dingirai

Enumeration Area Number	Local Government Area	District	Settlements
50-022	Kerewan	Lower Nuimi	Essau
50-057	Kerewan	Lower Nuimi	Ndungu Kebbeh
51-041	Kerewan	Upper Nuimi	Sare Mama (Kerr Mama), Sami Kuta
52-009	Kerewan	Jokadu	Kerr Jarga Jobe
53-016	Kerewan	Lower Baddibu	Saaba
54-015	Kerewan	Central Baddibu	Njaba Kunda
55-035	Kerewan	Upper Baddibu	Farafenni
55-066	Kerewan	Upper Baddibu	Burnag Ya, Kekuta Kunda, Jally Kunda, Kekuta Kundaring, Njie Kunda Ring
60-008	Kuntaur	Lower Saloum	Kaur Wharf Town
61-005	Kuntaur	Upper Saloum	Bangherr, Bantanto Musa Bah (Auldi), Jareng Hamdalai, Mbaien Chan Mbye, Touba Pakala
63-017	Kuntaur	Niani	Hainuman, Kass Prom, Njoben Fula, Njoben Tukulor
64-002	Kuntaur	Sami	Jarumeh Koto
70-011	Janjanbureh	Niamina Dankunku	Babou Jobe (Mecca), Darsilami (Nema Kuta)
72-003	Janjanbureh	Niamina East	Jareng
73-029	Janjanbureh	Fulladu West	Kerewan Fula
73-057	Janjanbureh	Fulladu West	Bansang
73-096	Janjanbureh	Fulladu West	Misera, Sare Jibel, Sare Kanimang
80-037	Basse	Fulladu East	Basse Kaba Kama
80-063	Basse	Fulladu East	Basse Santo Su
80-086	Basse	Fulladu East	Allunhari
80-113	Basse	Fulladu East	Koro Jula Kunda, Sare Ali Jawo, Sare Mansong, Sare Bakary (Sare Pateh Bakary), Sare Talata, Sare Touray
81-007	Basse	Kantora	Gambissara Lamoi
82-021	Basse	Wuli	Jah Kunda
82-025	Basse	Wuli	Tuba Wuli
83-019	Basse	Sandu	Diabugu Tenda, Sare Fodigeh

Annex II

Extra tables

Annex Table i: Nationality of orphans, The Gambia 2004 OVC Study

Nationality	Orphans		Total interviewed	
	No.	Percent	No.	Percent
Gambian	1,168	96.3	2,409	95.3
Senegalese	10	0.8	24	0.9
Guinean (Conakry)	3	0.2	9	0.4
Guinean (Bissau)	0	0.0	2	0.1
Sierra Leonean	5	0.4	7	0.3
Others[8]	0	0.0	28	1.1
Not Stated	27	2.2	49	1.9

Annex Table ii: Indicators on feeding and adequacy or otherwise of meals, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
No. of meals in previous day						
One	8	0.7	9	0.7	8	0.7
Two	56	4.7	60	4.8	46	3.8
Three	1019	85.5	1057	84.6	937	76.7
Four	93	7.8	104	8.3	161	13.2
Five	15	1.3	18	1.4	49	4.0
Six & more	1	0.1	1	0.1	21	1.7
Total	1192	100.0	1249	100.0	1222	100.0
How often without enough food						
Everyday	17	1.4	19	1.5	20	1.6
A few times per week	94	7.8	98	7.8	57	4.6
A few times per month	92	7.7	95	7.6	74	5.9

[8] See footnote under Table 10

Once	32	2.7	34	2.7	24	1.9
Never	963	80.4	1009	80.4	1070	85.9
Total	1198	100.0	1255	100.0	1245	100.0
Reasons for inadequate food						
Insufficient in the bowl	109	46.6	115	46.7	74	42.3
Food finished by the time I get there/home	22	9.4	23	9.3	11	6.3
Not enough money to buy food	79	33.8	83	33.7	65	37.1
No one is able to prepare it	5	2.1	5	2.0	3	1.7
No water/wood/fuel/electricity	2	0.9	2	0.8	1	0.6
Other[9]	17	7.3	18	7.3	21	12.0
Total	234	100.0	246	100.0	175	100.0

Annex Table iii: Consumption of carbohydrates and animal protein in the previous week, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Porridge, rice, coose, other cereal or bread						
Once	18	1.5	20	1.6	22	1.8
2 to 3 times	53	4.4	55	4.4	50	4.1
>3 times	110	9.2	116	9.3	114	9.4
Daily	1010	84.6	1058	84.5	1013	83.5
None	3	0.3	3	0.2	14	1.2
Meat, chicken or fish						
Once	124	10.4	133	10.7	116	9.6
2 to 3 times	273	23.0	283	22.7	274	22.6
>3 times	304	25.6	324	26.0	286	23.6
Daily	437	36.8	451	36.2	477	39.4
None	50	4.2	55	4.4	58	4.8

Annex Table iv: Consumption of other proteins, vitamins and minerals in the previous week, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Groundnuts, eggs or beans						
Once	107	8.9	109	8.7	111	9.2
2 to 3 times	339	28.3	352	28.1	330	27.3
>3 times	277	23.2	293	23.4	287	23.8
Daily	406	33.9	428	34.2	417	34.5
None	67	5.6	71	5.7	63	5.2
Milk, sour milk or yoghurt						
Once	223	18.8	235	18.9	215	17.8
2 to 3 times	245	20.6	259	20.8	287	23.8
>3 times	164	13.8	170	13.6	177	14.7
Daily	181	15.2	189	15.2	209	17.3
None	375	31.6	393	31.5	320	26.5
Vegetables or leaves						
Once	165	13.9	175	14.0	180	14.9
2 to 3 times	386	32.4	401	32.1	377	31.3
>3 times	261	21.9	276	22.1	302	25.1
Daily	203	17.1	210	16.8	189	15.7
None	175	14.7	186	14.9	157	13.0
Fruit						
Once	176	14.7	191	15.2	191	15.8
2 to 3 times	217	18.1	229	18.2	223	18.4
>3 times	249	20.8	258	20.6	247	20.4
Daily	349	29.2	356	28.4	371	30.6
None	206	17.2	221	17.6	179	14.8

Annex Table v: Types of illness affecting, and treatment received by, orphans and other children, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Type of sickness						
Fever/headache	318	46.8	340	47.1	325	43.9
Diarrhoea	33	4.9	38	5.3	91	12.3
Cough/chest pain	99	14.6	107	14.8	96	13.0
Skin conditions/rashes	37	5.4	39	5.4	32	4.3
Vomiting	115	16.9	117	16.2	136	18.4
Malaria	257	37.8	267	37.0	288	38.9
Other[9]	116	17.1	124	17.2	107	14.4
Got treatment						
Yes	569	90.6	603	90.4	658	93.9
No	59	9.4	64	9.6	43	6.1
Source of treatment						
Other household member	6	1.1	6	1.0	8	1.2
Traditional healer	38	6.7	39	6.5	19	2.9
Health facility	488	85.8	515	85.4	571	86.8
Healthworker in community	25	4.4	29	4.8	28	4.3
Pharmacy/shop	143	25.1	149	24.7	149	22.6
Other[10]	14	2.5	14	2.3	13	2.0
Who took child for treatment						
Household head	130	22.8	140	23.2	148	22.5
Father (if different from HH)	7	1.2	9	1.5	22	3.3
Mother	190	33.4	210	34.8	426	64.7

[9] See footnote under Table 10

Sibling	104	18.3	105	17.4	39	5.9
Other family member	69	12.1	70	11.6	39	5.9
Other household member	34	6.0	35	5.8	21	3.2
Other[10]	121	21.3	122	20.2	56	8.5

Annex Table vi: Care and support offered by children to the sick members of the household, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Assist in caring for a sick person						
Yes	668	59.6	699	59.7	565	58.4
No	452	40.4	472	40.3	403	41.6
Kind of care and support activities given						
Giving medicine	475	71.1	501	71.7	414	73.3
Encouraging sick to visit clinic	106	15.9	108	15.5	67	11.9
Accompanying sick to clinic, hospital or clinic	143	21.4	144	20.6	103	18.2
Spiritual support	61	9.1	63	9.0	46	8.1
Counselling	77	11.5	80	11.4	49	8.7
Dressing of wounds	16	2.4	16	2.3	14	2.5
Cooking / feeding	145	21.7	145	20.7	98	17.3
Cleaning / bathing	116	17.4	116	16.6	88	15.6
Washing clothes	160	24.0	160	22.9	98	17.3
Running errands	305	45.7	310	44.3	217	38.4
Other[10]	26	3.9	26	3.7	16	2.8

[10] See footnote under Table 10

Annex Table vii: Sexual relationships according to orphans and other children 12-17 years old, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children (OSD)		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Talk about having boyfriends and girlfriends						
Yes	197	38.0	198	37.7	109	35.9
No	322	62.0	327	62.3	195	64.1
Things they say or do with friends of the opposite sex						
Chat	163	82.7	163	82.3	98	89.9
Drink Chinese tea	86	43.7	86	43.4	47	43.1
Talk about sex	62	31.5	63	31.8	29	26.6
Have sex with them	20	10.2	20	10.1	4	3.7
Others[11]	21	10.7	21	10.6	7	6.4
Knows someone who has been touched intimately and told not to tell anyone						
Yes	94	18.2	94	18.0	57	19.1
No	422	81.8	428	82.0	242	80.9
What to do to prevent sexual harassment/abuse						
Shout/cry for help	115	22.2	116	22.1	65	21.4
Fight the person	187	36.0	189	36.0	107	35.2
Avoid such environment	195	37.6	197	37.5	108	35.5
Avoid visiting a man/ woman alone	109	21.0	109	20.8	43	14.1
Other[12]	55	10.6	55	10.5	36	11.8
Nothing	20	3.9	21	4.0	2	0.7
Don't know	25	4.8	25	4.8	16	5.3

[11] See footnote under Table 10

Annex Table viii: Reasons why children moved to their present household, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Reasons for child joining present household						
One or both parents sick	13	3.9	13	3.9	1	0.8
One or both parents died	222	67.3	222	66.9	0	0.0
Parents divorced	6	1.8	6	1.8	11	9.3
Mother remarried	54	16.4	54	16.4	12	10.2
Parents travelled	1	0.3	1	0.3	5	4.2
Work	11	3.3	11	3.3	7	5.9
Could not be supported financially by original household	32	9.7	32	9.7	5	4.2
Schooling	44	13.3	44	13.4	25	21.2
Religious instruction	13	3.9	14	4.3	14	11.9
Family commitments	46	13.9	46	14.0	27	22.9
Other[12]	27	8.2	28	8.5	26	22.0

Annex Table ix: Distribution of orphans by ethnic group and survival status of their parents, The Gambia 2004 OVC Study

Ethnic Group*	Mother Alive, Father Dead		Father Alive, Mother Dead		Both Dead		Status of one of the Parents not clear**		Total
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	
Mandinka	418	75.2	92	16.5	37	6.7	9	1.6	556
Wollof	94	75.2	24	19.2	4	3.2	3	2.4	125
Jola/Karoninka	69	73.4	16	17.0	8	8.5	1	1.1	94
Fula	159	57.8	99	36.0	13	4.7	4	1.5	275
Serahuli	60	80.0	6	8.0	8	10.7	1	1.3	75
Serere	28	75.7	7	18.9	2	5.4	0	0.0	37
Manjago	5	71.4	1	14.3	1	14.3	0	0.0	7

[12] See footnote under Table 10

Aku	8	66.7	2	16.7	2	16.7	0	0.0	12
Others[13]	23	82.1	4	14.3	1	3.6	0	0.0	28
Total	864	71.2	251	20.7	76	6.3	18	1.6	1,209

*There were 5 children whose ethnic status was not stated

**For these children one parent has been indicated as dead but the status of the other was not indicated

Annex Table x: Reasons for parents not living in the same household with their children, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Reasons for mother living elsewhere						
Remarried	171	63.1	174	62.4	56	30.3
Work	13	4.8	14	5.0	15	8.1
Family commitments	34	12.5	36	12.9	56	30.3
Health reasons	7	2.6	7	2.5	3	1.6
Others[13]	46	17.0	48	17.2	55	29.7
Total	271	100.0	279	100.0	185	100.0
Reasons for father living elsewhere						
Remarried	14	11.2	18	13.1	23	7.7
Work	47	37.6	51	37.2	90	30.1
Family commitments	23	18.4	25	18.2	58	19.4
Health reasons	1	0.8	1	0.7	3	1.0
Others[14]	40	32.0	42	30.7	125	41.8
Total	125	100.0	137	100.0	299	100.0

[13] See footnote under Table 10

Annex Table xi: Illness the children's dead parents were reported to have suffered from at time of death, The Gambia 2004 OVC Study

Illness	Mothers		Fathers	
	No.	Percent	No.	Percent
Diarrhoea	6	2.3	42	6.0
Coughing/Chest pain	46	17.2	124	17.5
Severe weakness	13	4.9	99	13.9
Large weight loss	12	4.5	63	8.9
Unexplained / high fever	43	16.0	83	11.6
Skin conditions / rashes	5	1.9	7	1.0
Vomiting	25	9.3	42	5.9
Sores in the mouth	2	0.7	9	1.3
Pregnant/had given birth six weeks previously	42	15.7		
High blood pressure/heart disease	36	13.5	144	20.3
Diabetes	12	4.5	38	5.4
Other[14]	85	32.0	233	32.6

Annex Table xii: Illness the children's surviving parents were reported to have suffered from in the past 12 months, The Gambia 2004 OVC Study

Illness	Mothers		Fathers	
	No.	Percent	No.	Percent
Diarrhoea	29	8.8	8	4.8
Coughing/Chest pain	56	17.1	27	16.1
Severe weakness	22	6.7	7	4.2
Large weight loss	17	5.2	6	3.6
Unexplained / high fever	69	21.0	35	20.8
Skin conditions / rashes	11	3.4	9	5.4
Vomiting	31	9.5	6	3.6
Sores in the mouth	6	1.8	3	1.8
Pregnant/had given birth six weeks previously	23	7.0		
High blood pressure/heart disease	32	9.7	31	18.7
Diabetes	2	0.6	4	2.4
Other[14]	137	41.9	68	41.2

[14] See footnote under Table 10

Annex Table xiii: How money earned from working outside the household is utilized, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Keep it	31	24.2	31	24.0	19	23.5
Spend it	52	40.6	53	41.1	35	43.2
Take it to the household head	10	7.8	11	8.5	7	8.6
Keep some and take some to household head	14	10.9	14	10.9	7	8.6
Spend some and take some to household head	4	3.1	5	3.9	3	3.7
Others[15]	15	11.7	15	11.6	10	12.3
Don't know	2	1.6	2	0.0	0	0.0
Total	128	100.0	131	100.0	81	100.0

Annex Table xiv: Source of money acquired elsewhere, besides work, The Gambia 2004 OVC Study

Source of money	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Mother	81	22.1	83	22.0	82	28.6
Father	36	9.8	40	10.6	78	27.2
Uncle	72	19.6	72	19.0	32	11.1
Aunt	13	3.5	13	3.4	8	2.8
Brother	50	13.6	50	13.2	18	6.3
Sister	8	2.2	8	2.1	4	1.4
Friends	10	2.7	11	2.9	7	2.4
Other relatives	59	16.1	63	16.7	37	12.9
Others[15]	38	10.4	38	10.1	21	7.3

Annex Table xv: How money acquired from elsewhere, besides work, is utilized, The Gambia 2004 OVC Study

Indicator	Orphans		Orphans & Severely Disabled Children		Control Children	
	No.	Percent	No.	Percent	No.	Percent
Keep it	28	7.5	28	7.3	23	7.9
Spend it	317	84.8	328	85.2	245	84.5
Take it to the household head	6	1.6	6	1.6	4	1.4
Keep some and take some to household head	3	0.8	3	0.8	2	0.7
Spend some and take some to household head	2	0.5	2	0.5	6	2.1
Others[16]	15	4.0	15	3.9	9	3.1
Don't know	3	0.8	3	0.8	1	0.3

[15] See footnote under Table 10