



# COVID-19-Associated Orphanhood in Eswatini

## An urgent call to integrate care for orphaned children into every national COVID-19 response

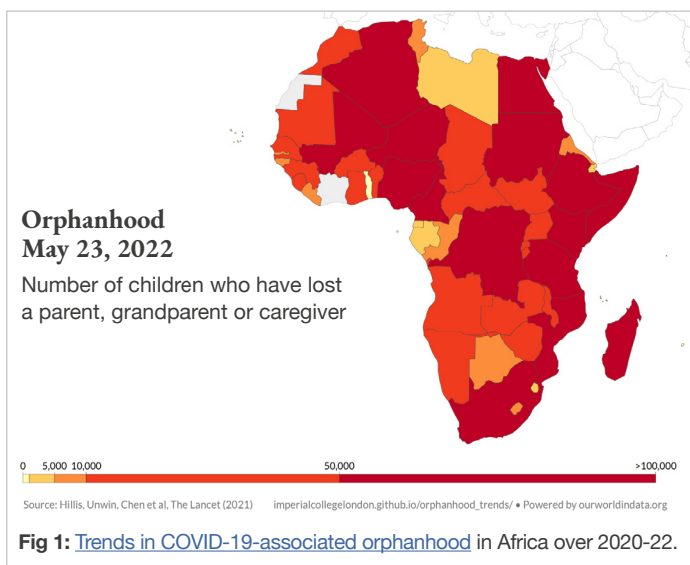


Fig 1: Trends in COVID-19-associated orphanhood in Africa over 2020-22.

**Global, Regional, and Eswatini Minimum Estimates.** Globally, more than 10.4 million children have lost a parent or caregiver to COVID-19<sup>2</sup>. In Africa, a minimum of 2.5 million children lost a parent or caregiver to COVID-19 in just two years, Figure 1 below shows trends in caregiver loss across the continent. Two in every three children orphaned by COVID-19 worldwide are adolescents<sup>1</sup>. **Eswatini, a country in Southern Africa, has a minimum of 5,200 children bereaved by death of a parent or caregiver.**

### Losing A Parent or Caregiver.

New evidence shows alarming patterns of childhood vulnerability, especially among families exposed to COVID-19 associated death<sup>2</sup>. COVID-19-associated orphanhood was catastrophic – globally in 2021, one child was orphaned every six seconds. Research shows that children who have lost a caregiver have higher risks of physical, sexual, and emotional abuse, sexual exploitation which leads to HIV-infection, mental health problems, economic strain, and food insecurity<sup>3</sup>. **The number of children affected by this orphanhood crisis in Eswatini doubled in 10 months from July 2021 through to May 2022.** As we have learned from the HIV/ AIDS pandemic, if we do not act in time, this will impact a large cohort of children.

### Increasing Childhood Vulnerability in COVID-19.

Both HIV and COVID-19 are similar in that they cause high mortality amongst Eswatini's most vulnerable populations, including those with existing comorbidities. Head of household death can increase family poverty and violence, for both boys and girls, and transactional sexual exploitation for adolescent girls.

Grandparents also have a major role in caregiving and financial support. With high COVID-19 mortality rates in older people, the crisis is exacerbated.

It is essential that children at risk of separation from their families across the region are not placed in institutions – which evidence shows are detrimental to their health, wellbeing, development, and safety. Eswatini has led the way in promoting family-based care for AIDS-orphaned children: It is critical now to guarantee investments in safe and nurturing family-based care for those who have lost their caregivers to COVID-19.

The [World Health Organisation](#) estimates that the COVID-19-associated mortality in Eswatini is roughly **1,416 deaths**. [Imperial College London's Orphanhood Tracker](#) reports a minimum of:

**4,400**

Children who lost one or both parent(s) to COVID-19.

**4,600**

Children who have lost their primary caregiver, including a parent or custodial grandparent to COVID-19.

**5,200**

Children have lost their primary or secondary caregiver to COVID-19.

**For every COVID-19-associated death, approximately four children lose a caregiver.**

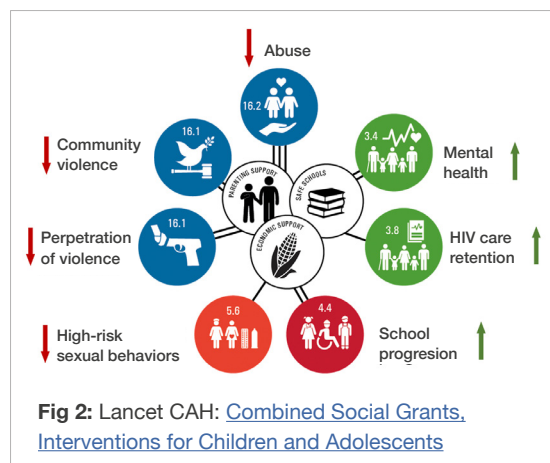


Fig 2: Lancet CAH: [Combined Social Grants, Interventions for Children and Adolescents](#)

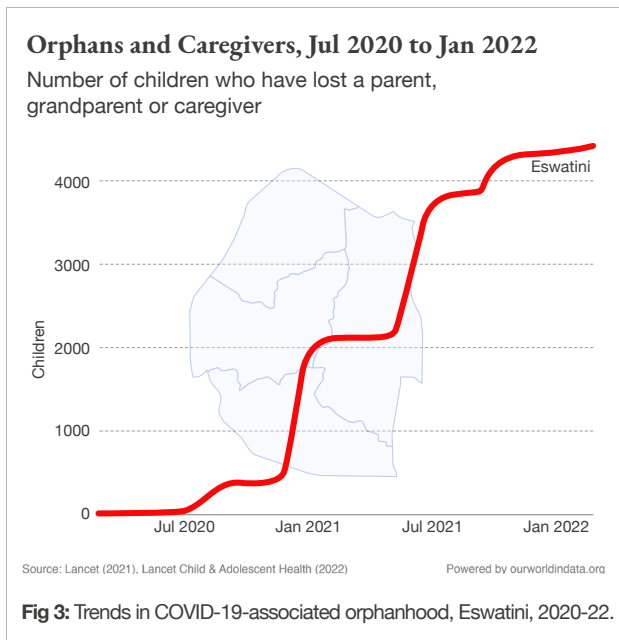
## What works to protect children affected by COVID-19-related orphanhood and vulnerability?

Research on HIV/AIDS-affected children and adolescents, as shown in Figure 2, shows that layered **parenting, economic, and school support protects children** from abuse, violence perpetration, and HIV-risk behaviours, and improves education, mental health, and healthcare access. The color-coded circles represent contributions of such programming to the 2030 Sustainable Development Goals, with benefits to health, education, gender equality, and peace and justice.

We have strong evidence from Eastern and Southern Africa on effective and cost-effective programs to protect children who have lost caregivers. The programs aim to:

- Provide families caring for orphaned children with economic support
- Strengthen caregiving with parenting support programs
- Ensure children can go to school
- Strengthen national capacity to respond to violence against children

Children at risk of separation from their families should not be placed in institutions – which evidence shows are detrimental to their health, wellbeing, and safety. Eswatini has led the way in promoting family-based care for AIDS-orphaned children: It is critical now to guarantee investments using this strategy for those who have lost their caregivers to COVID-19.



## What can Eswatini do now?

Care for children who have lost parents or caregivers to COVID-19 should be integrated into the national COVID-19 Response Plan as an urgent priority. The three essential components include:



**PREVENT deaths** of parents and caregivers through equitable vaccine coverage, treatment, and robust public health measures.



**PREPARE families** and systems to provide safe and loving family-based care for children who lost their primary caregivers, through kinship care, foster care, or adoption.



**PROTECT children** using evidence-based strategies that reduce poverty and violence, and strengthen their recovery. Effective models combine ‘cash plus care’ social grants, evidence-based parenting programs and keeping children in school.

Civil society, faith, and community leaders are often first-line responders - they play an important role in identifying and caring for hard-to-reach bereaved children. It is key to harmonize community programmes that build parenting skills for surviving caregivers and support education, with national plans on child protection and social protection in Eswatini. As detailed by the Office of the United Nations High Commissioner for Human Rights (OHCHR), the [Children’s Protection and Welfare Act of 2012](#) also calls for sustained, integrated, and age-sensitive national responses that include children in social welfare programmes, create opportunities for vulnerable families, and strengthen guardianship, kinship, and local adoption systems.

COVID-19-associated orphanhood is a chronic cumulative problem that lasts for a long term– it is a steadily increasing slope, with the summit still out of sight (Figure 3). Thus, there is a moral imperative to prioritize investments for children who are and who will be orphaned and vulnerable due to COVID-19 within the Eswatini’s national COVID-19 Response Plan. Hesitation on actions to address this problem is a luxury we cannot afford. The time to act and to protect every child, is now.

In the words of Nelson Mandela,  
**“there can be no keener revelation of a society’s soul than the way in which it treats its children.”**

**Disclaimer:** The views, findings, and conclusions in this article are those of the authors and do not necessarily represent the views or official position of the U.S. Centers for Disease Control and Prevention (CDC), USAID, PEPFAR, or the U.S. Government.

<sup>1</sup> Unwin, H. J. T., Hillis, S., Cluver, L., Flaxman, S., Goldman, P., Butchart, A., Bachman, G., Rawlings, L., Donnelly, C., Ratmann, O., Green, P., Nelson, C. A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A. Sherr, L. (2022). More than 5.2 million children affected by global surges in COVID-associated orphanhood and caregiver death: new evidence for national responses. *The Lancet CAH*, 6(4), 249-259.

<sup>2</sup> [The Global Reference Group on Children Affected by COVID-19 and Crisis](#) including WHO, University of Oxford, USAID PEPFAR, CDC, UCL, Imperial College London, and the World Bank – led a research study on extreme threats to children during the COVID-19 pandemic, titled “Children: The Hidden Pandemic (2022)”.

<sup>3</sup> Lachman, J. M., Kelly, J., Cluver, L. D., Ward, C. L., Hutchings, J., & Gardner, F. Reducing Child Maltreatment in South Africa: Feasibility of a Locally Developed Parenting Program for At-Risk Low-Income Families. Society for Prevention Research 22nd Annual Meeting 2013. May 2014.