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Children of Unknown Parents in Dar El –Amal for Orphans, Wad-Medani City, Gezira State, Sudan, 2012- 2013: Situational analysis

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Abstract:

Introduction: Orphaned children of unknown parents in poor urban communities sometimes have no adult to care for them or an adult caregiver is not able to provide adequate care due to poverty.

Objectives: The objectives of this study were to assess the services provided to orphaned and vulnerable children, identify their health status and assess the care providers knowledge, attitudes and practice (KAP) towards these children in Dar El-Amal for orphans in Wad Medani city.

Materials & Methods: A retrospective descriptive facility based study was designed. The records of all children (n=104) admitted to Dar El-Amal for orphans between January 2012 - January 2013 were reviewed. A cross sectional descriptive study about (the Knowledge, Attitudes, and Practices of all service providers (n=18) was conducted through questionnaires by personal interviews. The situation of orphaned children (n=15) and infrastructure of Dar El-Amal for orphans in Wad Medani city was assessed between April-May, 2013 by observation check lists.

Results: Most of the babies (70.2%) were brought to Dar Elamal at the age of less than one week. Most of the orphaned neonates (63%) belong to great Wad-Madani locality. Death rates were common among these neonates (51%) due to absence of breast feeding in early neonatal life. Sepsis was the most common cause of death (92%) among them. The vaccination service was frequently interrupted in the study group and only (6.4%) of the current studied children received BCG vaccine. Only two-third (66%) of the care providers in Dar El Amal received in service training regarding child health despite that their knowledge about childhood illnesses were poor.

Conclusion and recommendations: Knowledge of care providers and provision of services to the orphan children was inadequate. The mortality rate of babies was high in their neonatal period as a result of sepsis. It is recommended that continuous in-

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service training of the care providers and timely vaccination of the children are priorities and adequate financial support for better care of the orphan is also mandatory.

Key words: Orphan children, services, care providers, KAP, Dar El-Amal, Wad-Medani

ملخص الدراسة:

مقدمة: الأطفال مجهولي الأبوين في المجتمعات الحضرية الفقيرة في بعض الأحيان لا تتوفر لهم الرعاية من الكبار أو مقدمي الرعاية من الكبار بسبب الفقر.

أهداف الدراسة: كانت أهداف هذه الدراسة لتقييم الخدمات المقدمة للأطفال الأيتام والمستضعفين، وتحديد حالتهم الصحية وتقييم المعارف والمواقف والممارسات وسط مقدمي الرعاية نحو هؤلاء الأطفال في دار الأمل للأيتام في مدينة ود مدني.

طرق البحث: صممت دراسة وصفية استيعابية تمت فيها مراجعة سجلات كل الأطفال الذين قبلوا في دار الأمل للأيتام بين يناير 2012- يناير 2013م وهم 104 أطفال كما أجريت دراسة وصفية مقطعية حول المعارف والاتجاهات والممارسات لجميع مقدمي الخدمات بالدار (ن = 18) وذلك خلال الاستبيانات والمقابلات الشخصية وأخرى لتقييم حالة الأطفال اليتام الموجودين بالدار (ن = 15) والبنية التحتية لدار الأمل للأيتام في مدينة ود مدني بين ابريل ومايو 2013 و ذلك باستخدام قوائم الملاحظة والمراقبة.

النتائج: معظم الأطفال (72.2%) يجلبون إلى الدار في عمر أقل من أسبوع ينتمي 63% منهم إلى محلية ود مدني الكبرى. نسبة الوفيات تمثل 51% وذلك لانعدام الرضاعة الطبيعية في الأيام الأولى من عمرهم. كان الإنتان (الأخماج) السبب الأكثر شيوعاً للوفاة 92%. كانت خدمات التطعيم وسط مجموعة الدراسة كثيرة الانقطاع 6.4 % فقط تلقوا لقاح البي سي جي BCG . 66 % فقط من مقدمي الرعاية في دار الأمل تلقى التدريب أثناء الخدمة فيما يتعلق بصحة الطفل و بالرغم من ذلك أوضحت الدراسة أن معرفتهم عن أمراض الطفولة والتحصين و مهارتهم في رعاية حديثي الولادة للأطفال ضعيفة.

الخلاصة والتوصيات: معارف مقدمي الرعاية و تقديم الخدمات الى أطفال الأيتام غير كافية وكانت وفيات الرضع عالية خاصة وسط الولدان و ذلك لتفشي الإنتان (الأخماج) . توصي الدراسة بالتدريب المستمر لمقدمي الخدمة أثناء الخدمة وكذلك تطعيم الأطفال في الوقت المناسب كأولويات. كما أن توفير الدعم المادي لتقديم خدمة أفضل للأيتام ملزم.

Introduction:

Orphaned children in poor urban communities sometimes have no adult who is able to care for them or else the adult caregiver is not able to provide adequate care. Sudan remains one of the poor countries in the world, and poverty frequently constrains care. An orphan is a child permanently deprived of or abandoned by his or her biological parents. (1)Reliable statistics are difficult to find, even the sources often list only estimates, and street children are rarely included. It is still an unacceptable tragedy that over a million child would still become orphans every year, and every year 7 million children would still grow to adulthood as orphans with no one to belong to and no place to call home. They are totally vulnerable and easily fall prey to predators and slave recruiters. (1)The disastrous outcomes of most children who ages out of institutional care is evidence that these children don't know the meaning of love, and are unable to comprehend God's love(1). War, AIDS, malaria, cholera and famine have gradually turned Africa into a continent full of orphaned children. According to the latest statistics released by the United Nations Children's Fund (UNICEF) and the Joint United Nations Program on HIV/AIDS, there are 48.3 million orphans south of the Sahara desert, one-quarter of who have lost their parents to AIDS(2). HIV/AIDS is reversing many of the hard-won development gains in many countries and leaving populations more

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vulnerable to poverty, malnutrition, ill health, and mortality. The adverse effects of the AIDS epidemic are felt most severely in some of the world's poorest countries in sub-Saharan Africa, where one of its consequences has been an upsurge in the number of orphaned children. ⁽³⁾Between 1990 and 2000, the number of orphans in Africa grew from 30.9 million to 41.5 million, and those orphaned by AIDS increased from 330,000 to seven million. Projections by the two U.N. agencies suggest that by 2010, there were 53.1 million children under 18 bereft of their parents, 15.7 million of whom will have had parents who died of AIDS, caused by the human immunodeficiency virus (HIV). ⁽²⁾The spine-chilling statistics in 2010 on African orphans estimated the numbers of orphans in various African countries, accordingly orphans in Sudan were estimated around 1.7 million. It is difficult to obtain accurate statistics on the orphans status for Sudan, however figures from 2003 showed that an average of 110 newborn babies are abandoned in Khartoum monthly, unfortunately half of them die in their early life since they don't get enough medical assistance in time. ⁽²⁾Dar El Amal orphan was established in 1986 to provide care for children of unknown parents in the age group below four years. "Amal" means hope in Arabic language. The Dar El Amal for orphan is the only institution specialized in care of children of unknown parents in Al- Gezira State and receives babies from all localities in and out-of the Gezira-state. It receives children below four years of age. It belongs to the Ministry of Social and Cultural Affairs in Al-Gezira State. ⁽⁴⁾ The financial support for the Dar El-Amal orphan and vulnerable children came - in addition to ministry of social and cultural affairs - from Diwan El Zakat, national health insurance and nongovernmental and charitable organizations. However the overall financial support was inadequate to cover all the needs of children. ⁽⁴⁾ To our knowledge there is no recently documented and published data regarding such vulnerable groups in Dar El Amal orphan in Wad-Medani city apart from an unpublished research conducted by Dr. Hashim and Dr. Salwa Elsanousi in 2004, ⁽⁴⁾ which showed that deaths among orphan children in Dar El Amal was as high as (68.9%). More over the current health status of orphaned children of unknown parents and situation of services provided to these children is unknown. The general objective of this study was to assess the health status, the health care and services provided to orphaned and vulnerable children in Dar El- Amal orphan during the year 2012-2013.

Patients and Methods:

Study design: A retrospective descriptive facility based study was designed. All records of all children admitted to Dar El Amal between the periods of January 2012 - January 2013 were reviewed. A cross sectional descriptive study about Knowledge, Attitudes and Practices (KAP) of all service providers at Dar Elamal were interviewed. **Study area:** The study was conducted at Dar El Amal for Orphans which was established in 1986 to provide care for children of unknown parents in the age group below four years. "Amal" means hope in Arabic language. The Dar El Amal for orphan is the only institution specialized in care of children of unknown parents in Al- Gezira

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State and receives babies from all localities in and out-of the Gezira-state. It receives children who were abandoned by their mothers or member of the family who is usually the grandmother and commonly picked up by the police or the passer by .They are initially brought to children hospital and if they are healthy they are immediately transferred to Dar Alamal. The Dar belongs to the Ministry of Social and Cultural Affairs in Al- Gezira State. ⁽⁴⁾ The financial support for the Dar El-Amal orphan & vulnerable children came - in addition to ministry of social and cultural affairs - from Diwan El Zakat, national health insurance & nongovernmental and charitable organizations. However the overall financial support was inadequate to cover all the needs of children. ⁽⁴⁾

Study population and sample size: For the retrospective study all records of all children (n=104) admitted to Dar El Amal between the period of January 2012 to January 2013. For the cross sectional study all service providers (n=18) – (two of them were nurses and 16 were houseparent (nannies).

Data collection tools: For the retrospective study all records of all children (n=104) admitted to Dar El Amal between the period of January 2012 to January 2013 were reviewed in a master sheet, then data was entered in the SPSS for analysis. The cross sectional study was conducted through personal interviews by a designed pre- tested and modified questionnaire. The questionnaire addressed their knowledge of common childhood illnesses, childhood vaccinations, their skills on common nursing procedures and their practices of preparation of children's nutritional supplies and follow up of children's growth by monitoring charts. The health status and hygienic conditions of orphaned children (n=15), the situation of physical infrastructure and common accommodation and utility materials of the orphan were assessed by observation check lists from April-May, 2013.

Data analysis: Data was analyzed and managed by computer using SPSS for windows version 16 (SPSS Inc., Chicago, IL, USA).

Ethical considerations: Ethical clearance was obtained from the research committee of university of Gezira and permission for conduction of the study was taken from the director of Dar Elamal for the orphans. In addition oral consent was also obtained from service providers and confidentiality of respondents' information was maintained at all times.

Results:

Our study showed that only two rooms were available in the center to accommodate a total of twenty (20) beds. The babies share clothing cabinet and washing machine. There is a kitchen, toilets and bathrooms, a store, meeting room, office for supervisors, director's office. The building was generally in a good condition with ventilation, lighting and cleanliness inside the rooms. However the orphan lacks a telephone line and website addresses for communication purposes.

A retrospective review of records of (n=104) children enrolled in the study revealed, (56%) were males and (44%) were females. They came from all Gezira localities but

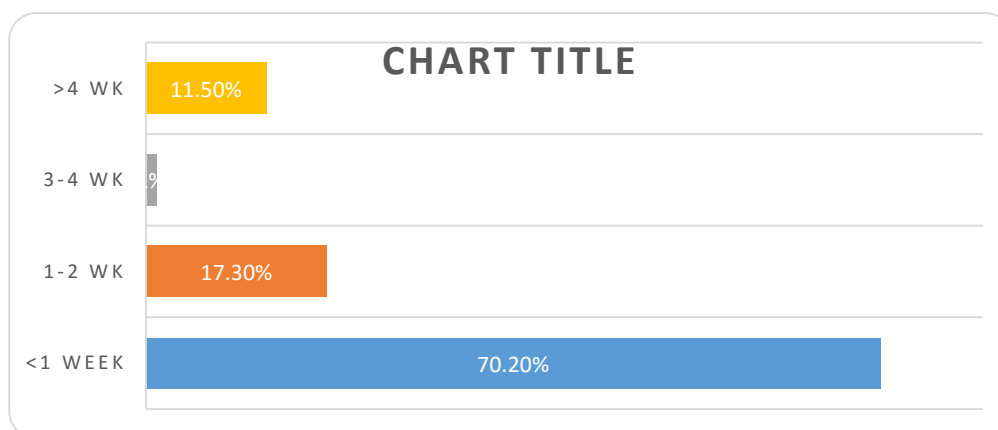
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the majorities (63%) were from Great Wad- Medani locality. The mean age of the children during arrival to Dar El- Amal orphan was (8) days. Most of them (70.2 %) arrived at the orphan at the age of less than one week and there was high percent of deaths (30.8%) among this age group of neonates. (Figure 1 and 2) The overall death rate among the orphaned children in Dar El-Amal was (51 %). (Figure 3) Sepsis was the most common cause of death (92%) (Table 1). The vaccination service provided in the orphan showed only (6.4%) of neonates received BCG vaccine and (40%) for polio vaccine. (Figure 6)

Eighteen (n=18) care providers were interviewed during the study period. Their age range between (25- 50) years. Most (61%) were qualified for secondary school and (11%) were university graduates. All providers were satisfied with their job despite they were underpaid. Some (22%) of them had training on child care before joining the orphan. Knowledge of early sign of dehydration, malnutrition, pneumonia and childhood vaccination schedules among care providers in the orphan was low (<50%). Two-third (67%) of the care providers received in- service training on nursing skills, and child care(Figure 4). Above half (60%) of services providers had good nursing skills in introducing intravenous cannula, nasogastric tube, intramuscular, intravenous injections and measuring body temperature of babies. The practice of all service providers in preparation of the milk formula, the ORS was excellent. Majority of care providers (75%) didn't know how to follow up children's growth by growth monitoring chart as the available weighing scale was not functioning and growth charts monitoring (road map for health) were not available.

Table (1): Causes of death of orphaned babies (n=51)

Cause of death of children	Frequency	Percent
Sepsis	47	92
Dehydration	1	2
Heart problems	1	2
Hypoglycemia	1	2
Pneumonia	1	2
Total	51	100



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Figure (1): Age of child in weeks at arrival to Dar El-Amal for Orphans

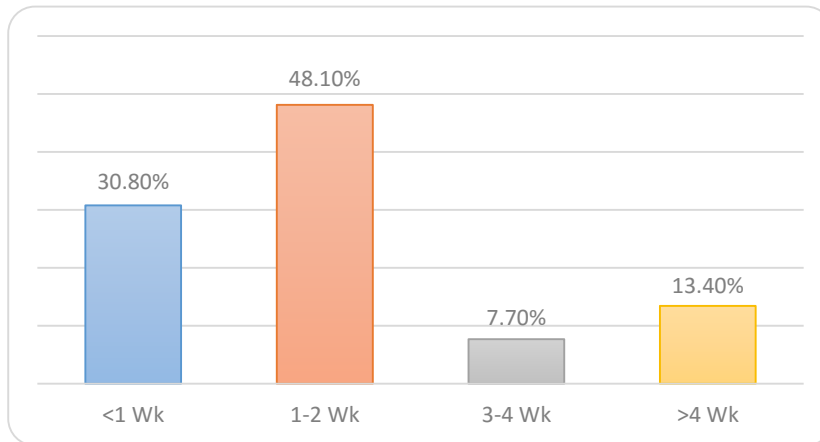


Figure (2): Age distribution of children died in Dar El –Amal for orphans

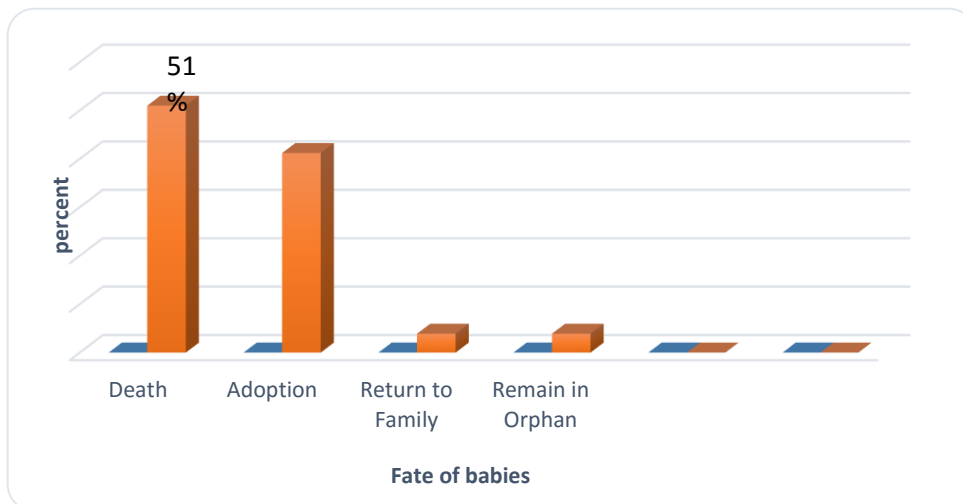


Figure (3): Fate of admitted babies to Dar El-Amal for orphans

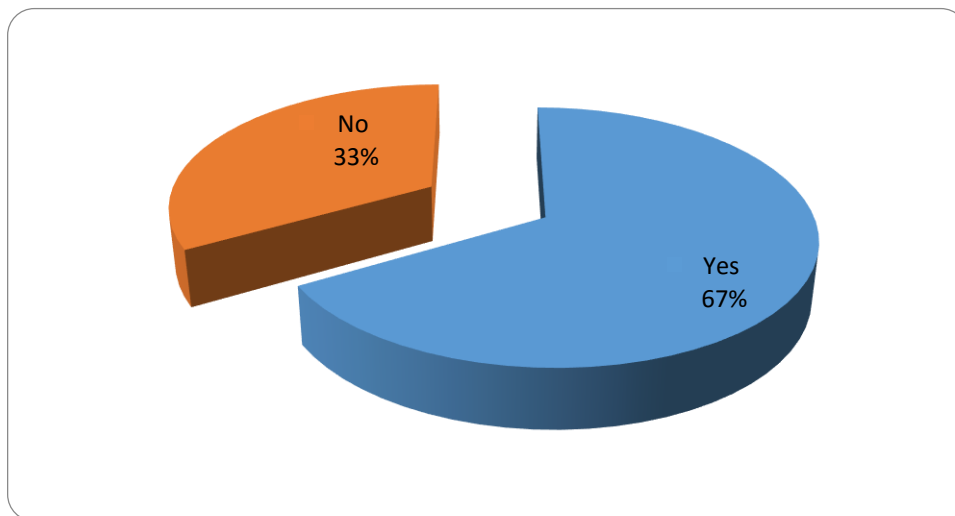


Figure (4): Care providers receiving in service training in child care in Dar El-Amal for orphans

In regard to services provided by specialists, there is a visiting doctor who is in charge of providing medical care to children as part time bases and a visiting vaccinator for immunization of children too.

Fifteen (n=15) available children in Dar El Amal during the cross section study period (from April-May, 2013) were assessed. Males were (66%) and females were (34%). The researcher examined the children's hygiene by observing the nail, hair, condition of children cleanliness. The children were moderately clean (75%) and low hygienic condition (25%). Healthy children accounted for (53.3%) but the rest had some health problems (46.7%). The health problems were malaria (13.3%), pneumonia (13.3%), diarrhea (6.7%), hydrocephalus (6.7%) & cerebral palsy (6.7%).

Table (1) showed causes of death of orphaned babies in Dar El-Amal, The most cause of death of the orphan children in Dar El Amal was sepsis (92%)

Figure (1) revealed distribution of ages of the children in weeks at arrival to Dar El-Amal for Orphan, 2012-2013. Above two-third (70.2%) of neonates arrived before age of 1 week to Dar El Amal

Figure (2) showed age of child at death in weeks in Dar El –Amal for orphan, 2012-2013, above three- fourth (79%) of neonates died in the first 2 weeks of life in the Dar.

Figure (3) showed fate of admitted babies to Dar El-Amal for orphan, 2012-2013, above half (51%) of fate of admitted babies was death.

Figure (4) showed the proportion of care providers who received in service training in child care at Dar El-Amal for orphan, 2013, two-third (67%) of care providers received in service training about child health & care.

Figure (5) Illustrates health care providers' knowledge about childhood vaccination, Dar El- Amal for Orphan 2012-2013. Health care providers' knowledge was poor about BCG & polio vaccinations (<50%).

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Figure (6) showed vaccination status of children (n=15) at Dar El Amal for Orphan, April – May 2013

Discussion:

Dar El- Amal for orphans is not one of the orphan international worldwide (OIWW) lists, which include 12 institutions scattered through Africa, Asia and America⁽⁵⁾. Based on OIWW standards, Dar El Amal is deficient in the following

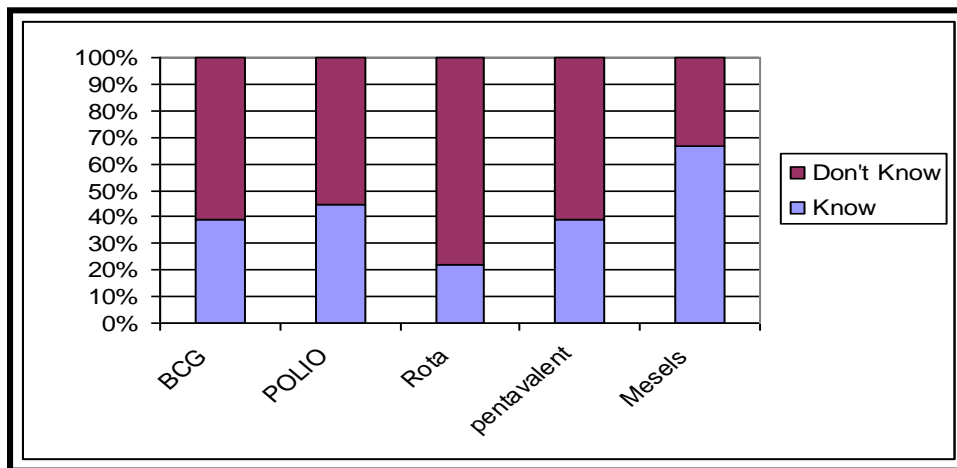


Figure (5): Health care providers' knowledge about childhood vaccination, Dar El- Amal for Orphan, 2013.

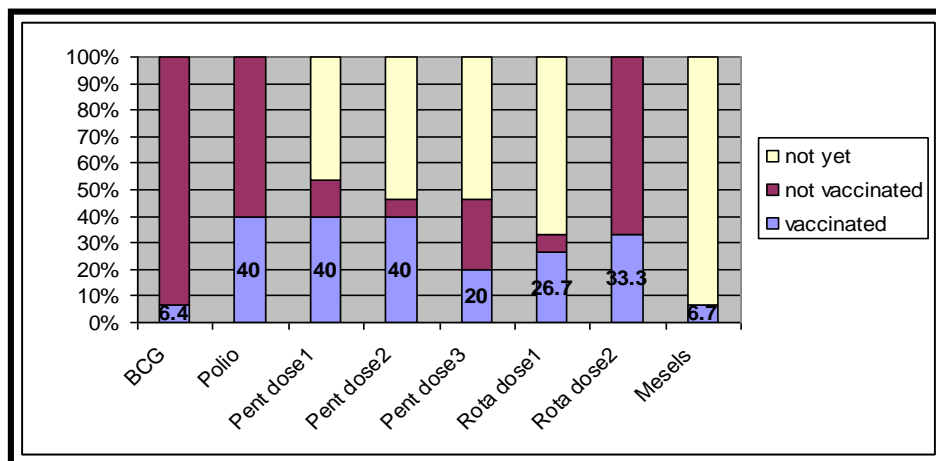


Figure (6): Vaccination status of the available children (n=15) at Dar El Amal for Orphan, May 2013

aspects: There is no website addresses for Dar El –Amal orphan, as a result of **Dar El-Amal for orphan, 2013**. That many people are unaware and don't know how to support the orphaned children. In spite of the shortage of staff members, the staffs

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don't use electronic registration and there was shortage in recording events immediately, moreover health information of children was not recorded properly in the files.

The study found that Dar El-Amal orphan had inadequate funding to supply the basic needs of orphan (milk, clothing, nappies, and food). Despite the in-service training, most of the services providers were not aware about the common childhood illnesses and childhood vaccination schedules. In comparison to the above findings, other international studies conducted in Ethiopia for orphan care had revealed similar findings of inadequate funding to support programs designed for the children, shortage of trained personnel, inadequate skills training that resulted in long care in orphanages, lack of psychosocial services and long-term strategic planning.⁽⁶⁾

The retrospective study revealed that (92%) of neonatal deaths were due to sepsis, this was due to poor hygienic condition at delivery, inappropriate treatment of the umbilical cord and absence of breast feeding and negligence of the children in their early neonatal life before arriving to Dar El Amal orphan. In comparison to this finding, a study conducted by WHO in East African orphaned children revealed that neonatal deaths by sepsis were much lower than our study. Deaths due to neonatal sepsis (10%), pneumonia (19%), diarrhea (18%), malaria (8%), preterm delivery (10%), and asphyxia at birth (8%).⁽⁷⁾

The overall death rate among OVC (orphaned & vulnerable children) in Dar El Amal was (51%) which was low in comparison with the previous study that was done to assess services provided for orphan in Dar El Amal in the year 2003- 2004, which was (68.9%).⁽⁴⁾ The drop in death rate among these infants was due to relative improvement in the service and care provided for these children. During the subsequent years many of NGOs in collaboration with University of Gezira, faculty of medicine, departments of community medicine and pediatrics had conducted training sessions to services providers. Some of which included training houseparent to use cups rather than bottle feeding hence reduced relatively deaths attributed to infection.

In addition, early adoption rate had increased from previous study (22%) to (41%) which indicates the awareness of the community to this problem.⁽⁴⁾

In most parts of sub-Saharan African countries, orphaned children are linked to death of parents by HIV/AIDS. Of children orphaned by AIDS throughout the world, 95% have occurred in Africa where numbers of orphans will continue to rise.⁽⁸⁾ However our situation is different in which the prevalence of HIV infection in general population in Sudan is low (<1%), meaning a concentrated type of epidemic.⁽⁹⁾ Poverty, low socio economic status and birth out of wedlock could be the main causes of the abandoned neonates, although HIV status of the orphaned children is not documented but it needs to be checked routinely for the future.

To decrease deaths among Dar El Amal orphan and vulnerable children, there should be an effort to implement an alternative family home care for OVC in Dar El Amal⁽¹⁰⁾. The alternative family home care applied at Mygoma orphan in Khartoum in 2007 was promising, for which more than 2,500 children were moved to the family care system

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while staffing levels had increased and mortality rates fell significantly from 75% to 18 % .⁽¹¹⁾

Experience from other international orphan setting shows that extended family remains as the predominant caring unit for orphans in communities with severe HIV/AIDS epidemics⁽¹²⁾. Coping mechanisms regarding orphans are complex and vary according to social setting. In most African communities, the concept of “adoption” does not exist in the western sense. Children are fostered, a prevalent, culturally sanctioned procedure whereby natal parents allow their children to be reared by adults other than the biological parents^{(13), (14)}. Child fostering is a reciprocal arrangement and contributes to mutually recognized benefits for both natal and fostering families⁽¹⁵⁾. For instance in Tanzania, less than one quarter of children being fostered by relatives other than their biological parents was orphans.^{(16), (17)}

The role of the extended family and community in coping with orphans are in a state of flux. Where traditional values are maintained such as in rural communities, the extended family safety net is better preserved. Where countries are more urbanized, extended family safety nets are weakened. As the traditional practice of orphan inheritance by uncles and aunts has lessened, it has been replaced by alternate safety nets with care provided by grandparents or other relatives^{(18), (19)}. In Sudan, orphaned children with known lost parents are looked after/ cared by their intimate relatives; however this is not the case for abandoned babies with unknown parents.

Monitoring the background of such response should develop other alternatives such as institutions, children’s villages and adoptive placements. Institutional responses are often unsustainable and may be viewed as inappropriate by community members who recognize their potential to undermine existing coping mechanisms⁽²⁰⁾. Those planning interventions must understand existing norms and practices and seek to strengthen family and community capacities to protect and care for orphaned children⁽²¹⁾.

Conclusions:

The study concluded that most of orphaned and vulnerable children arrived at Dar El Amal in the first week of neonatal life which is critical period in life which needs special care. Death rates are high among those children and the main cause was sepsis. Knowledge of the service providers was weak towards the children health and childhood vaccination schedules. Generally there was inadequate provision of services to the orphan children as there was shortage of financial support which could cover all the basic needs for these children. It is recommended that continuous in-service training of the care providers and timely vaccination of these children are priorities. Financial support for better care of the children in the orphan is also mandatory.

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orphaned babies must be acknowledged. May Allah accept his soul mercifully in heavens.

Conflict of interest: The authors declared that they do not have any conflict of interest.

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