

# Child Vulnerability and AIDS: Case Studies from Southern Africa

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## EXECUTIVE SUMMARY

### Case studies from Southern Africa<sup>1</sup>

Among the many devastating consequences of the AIDS epidemic in sub-Saharan Africa, the rapidly growing orphan population demands particular attention. Today, over 15 million children in the region have been orphaned by AIDS and numbers are rising rapidly (UNAIDS, 2006). Millions more are living with chronically ill parents, and about three million children are themselves infected with the virus.

Orphans are children who have lost one or both of their parents, and who are therefore deprived of the material, social and psychological support of one or more of their primary caregivers. There are also many children who, though not orphans, are becoming vulnerable as a direct or indirect result of HIV and AIDS. When parents fall sick, particularly in poor families, children come under intense stress that may continue in different forms for the rest of their lives. They may be taken out of school to farm land or to raise income elsewhere. They may also become caregivers themselves or even heads of households. In many cases, such children become increasingly vulnerable to malnutrition, ill-health, abuse and exploitation. There are psychosocial effects – under-researched but potentially very damaging – encompassing these stresses, both in the short and long term.

Against the backdrop of our limited but growing knowledge of such multifaceted vulnerability, and with support from the World Food Programme (WFP), the International Food Policy Research Institute (IFPRI) and partners undertook several case studies in southern Africa in 2004–2005. The case studies aimed at further elucidating child vulnerability in the context of AIDS in the hardest hit region, and the implications of such vulnerability and impacts for policy and programming. Three country-level case studies from South Africa, Mozambique and Malawi (Adato *et al.*, 2005; Arndt *et al.*, 2005; Sharma 2005) were complemented with a regional analysis (Rivers *et al.*, 2004).

1 - The support provided by WFP for the case studies and this synthesis is gratefully acknowledged. This report has been peer reviewed, though not by IFPRI's Publications Review Committee.

## THE CASE STUDIES

### Malawi

The Malawi study (Sharma, 2005) examines whether orphaned children are less likely to attend school compared to non-orphans, whether or not their grade advancement over a given time period is lower than for non-orphans, and whether they are more likely than other children to work outside the home. Taking the case of a food distribution programme with the declared objective of targeting households caring for orphans, the study examines the extent to which this programme was actually successful in reaching orphan-caring households.

The study is based on longitudinal information (1999-2004) on school age children from 534 rural households in Malawi, surveyed in the Complementary Panel Survey (CPS) conducted by IFPRI in collaboration with the Centre for Social Research, University of Malawi. The selection of households maximized representation at the national level.

### Mozambique

The issue of how resources are allocated within households has become an important focus of poverty analysis. Unfortunately, intra-household resource allocations are very difficult to measure directly and standard household consumption surveys rarely attempt to do so. To counter this difficulty, indirect measures have been developed. In particular, Deaton (1989a) proposed a method, labelled "outlay equivalence", whereby spending on children is measured indirectly via spending on adult goods. The inference is that the addition of a child should imply increased spending on goods for children. If total consumption levels are inflexible, the budget constraint must then imply reduced spending on adult goods, i.e. goods that children do not consume.

Past application of this method has centred on whether girls displace the same volume of expenditure on adult goods as their male counterparts, with failure to do so implying discrimination of girls relative to boys in intra-household resource allocation. The Mozambique study by Arndt *et al.*, 2005, employs Deaton's outlay equivalence approach to analyse potential discrimination in resource allocation within households against children who are not the biological descendant of the household head.

Data came from the national household survey about living conditions (IAF) conducted by the National Institute of Statistics (INE) between July 2002 and June 2003, and they are representative at the national, provincial and rural/urban levels. The year-long interview period was programmed in order to capture potential seasonality in household consumption. The survey covered 8,700 households, corresponding to about 44,000 individuals, and collected expenses on 863 different goods, food and non-food. Our study

focused on six identified adult goods: adult clothes; alcoholic beverages; personal care (hair treatment, nail products, lipstick, etc.); public and private transportation services; tobacco; and food and soft drinks away from home.

### South Africa

This study by Adato *et al.* (2005) examines the experiences of children affected by HIV and AIDS in three provinces of South Africa: Eastern Cape, Western Cape and KwaZulu-Natal. By combining the findings of two different studies, the conditions of children at different stages of impact can be analysed, i.e. children at risk of becoming orphans (living with HIV-positive primary caregivers) and children orphaned after their biological parents have passed away.

The first study, focusing primarily on vulnerable children not yet orphaned, took place in Western Cape Province and Eastern Cape Province, and was part of a larger prevention of mother-to-child transmission (PMTCT) cohort study. The South African Department of Health-supported School of Public Health, University of the Western Cape, the Health Systems Trust (a local non-governmental organization (NGO)) and Medical Research Council jointly conducted the PMTCT cohort study. Nineteen HIV-positive mothers and primary caregivers were interviewed in depth to investigate strategies employed by families in response to stresses relating to HIV and AIDS, focusing on children and examining how parents plan for the future security of their children.

The second study, focusing on orphans, was part of a panel study on poverty dynamics in KwaZulu-Natal Province in 1993, 1998, 2001 and 2004, conducted by the University of KwaZulu-Natal, IFPRI and several other research institutions (see Adato *et al.* 2006). Ethnographic research methods were used in six localities with repeated visits, interviewing and observation of 18 households fostering orphans, as well as key informant interviews with individuals involved with community-level interventions to support orphans. The study also draws on a survey dataset of 1,428 households across KwaZulu-Natal Province.

### Regional study

Using country-level data from both Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS II)<sup>2</sup> from a range of African countries<sup>3</sup>, a regional analysis was undertaken by Rivers *et al.* (2004) to examine the nutritional status of orphans and the food security status of households with orphans.

Specifically, the study sought to address the following questions: (i) Are household surveys effective in “capturing” the majority of orphans in sub-Saharan African settings? (ii) Do the differential age distributions of orphans

and non-orphans affect nutritional analysis? (iii) Are orphaned children more malnourished, as measured by weight-for-age z-scores and underweight prevalence, than non-orphaned children? (iv) Are households with orphaned children more likely to report food insecurity and hunger than households without orphans?

The food security status of households with orphans was obtained from the household portion of a UNICEF pilot survey in Malawi. This survey tested a set of indicators that were intended to monitor self-perceived food security status of households including fear of food shortages, cutting the size of meals and skipping meals altogether.

2 - DHS and MICS are national surveys which were developed to assist host countries to monitor and evaluate the health and well-being of their populations. DHS surveys are funded by USAID's Bureau for Global Health and are implemented by ORC Macro International. Other collaborating partners include: Johns Hopkins School of Public Health/ Center for Communication Programs, PATH, Casals and Associates, and Jorge Scientific Corporation. MICS surveys were developed and implemented by UNICEF. Three rounds have been conducted since 1995. This study examines data collected in the second round of surveys in 2000.

3 - DHS surveys included: Benin (2001), Ethiopia (2000), Ghana (2003), Kenya (2003), Mali (2001), Malawi (2000), Namibia (2000), Nigeria (2003), Rwanda (2000), Tanzania (1999), Uganda (2000/01), Zambia (2001/02) and Zimbabwe (1999). MICS II surveys included: Angola (2000), Burundi (2000), Central African Republic (2000), Chad (2000), Equatorial Guinea (2000), Gambia (2000), Guinea Bissau (2000), Lesotho (2000), Niger (2000), Senegal (2000), Sierra Leone (2000), Sudan (2000), Swaziland (2000) and Zambia (2000).

## KEY FINDINGS

The key findings of the various individual case studies – interspersed with important results of other recent studies – are described here. Different elements of child vulnerability – to malnutrition, ill health, food insecurity, poverty – as well as aspects of discrimination in intra-household resource allocation and in education are examined before turning to the issue of child protection.

### **Vulnerability to malnutrition and ill-health**

The regional study found that orphans were not more malnourished (as indicated by their anthropometric status) than other children after adjusting for various potential confounding factors such as age differences, the presence of surviving parents in the household, place of residence and gender of the head of household.

The current literature in this area contains evidence of the impact of orphanhood on child health and nutritional status that is mixed and certainly not conducive to easy generalization. In a Malawi study of maternal orphans (Taha *et al.*, 2000), the lack of association between either the mother's HIV status or the child's orphanhood and their risk of stunting, wasting or reported ill health was attributed to a lack of discrimination on the part of fostering extended families.

Yet, in a Tanzanian study, orphaned children were more likely to be stunted (Ainsworth and Semali, 2000), with the most severely affected being children in the poorest households, those with uneducated parents and with least access to health care. Foster and Williamson (2000) have also shown that orphans in Tanzania and Zambia were more likely to be stunted but no more likely to be wasted than non-orphans. In Uganda, orphans' health and nutritional status was worse, and their use of public services much lower than that of non-orphans (Deininger *et al.*, 2003).

The type of orphanhood appears to matter. It is generally held that maternal orphans are at greater health risk following the loss of their primary caregiver. In Tanzania, Ainsworth and Semali (2000) show that the mother's death was associated with an average decline of one standard deviation in child height for age, while a paternal death was associated with a decline of one-third of a standard deviation. The impact of maternal loss is severe regardless of household assets, while the impact of paternal loss is felt only among poor households.

In one study, however, children who had lost fathers were more likely to be malnourished than non-orphans (Lindblade *et al.*, 2003). Ntozi *et al.* (1999) found that surviving fathers in Uganda provide more care than mothers because, it is suggested, the fathers have more means, and the husband's relatives often deny widows the opportunity to look after the orphans.

It is important also to keep the focus on vulnerable children, especially those whose parents are living with HIV, not just orphans. In a Ugandan study, for example, 15 percent of children whose parents were infected with HIV and 19 percent of orphans self-reported as being in poor or very poor health. One-third of older children living with an HIV-positive adult (34 percent) and of older orphans (31 percent) stated that there were some days when they did not get enough to eat (Gilborn *et al.*, 2001). When a parent falls ill, children often shoulder new responsibilities including domestic chores such as cooking, cleaning, carrying water and doing laundry, caregiving activities such as feeding, bathing, toileting, giving medication and accompanying relatives for treatment, growing food or being involved in income-generating activities and childcare duties (Foster and Williamson, 2000). These extra responsibilities can have serious implications for a child's schooling, as discussed below.

### **Vulnerability to household food insecurity and poverty**

The regional study finds some evidence of the increasing burden of orphan care becoming manifest in food security indicators. Thirty-eight percent of households with more than one orphan were classified as "food-insecure with child hunger", significantly more than households with only one orphan (7 percent) or no orphans (13 percent). A much larger percentage of orphans than non-orphans live in households that are classified as "food-insecure with child hunger", and those with chronically sick members were also found to be more food-insecure. While households can manage to absorb one orphan without being impacted significantly, they appear unable to take on more orphans without affecting livelihood activities. As mortality rates increase and the population of orphans continues to rise, more and more households will be faced with the decision of whether to foster more than one orphan at a time.

Paternal orphans tend to live in poorer households than maternal orphans, double orphans or non-orphans, according to analysis of DHS data (Case, Hosegood and Lund, 2003). Households containing either maternal or double orphans were not poorer than those of non-orphans. According to an analysis of DHS data from Ghana, Kenya, Niger, Tanzania, and Zimbabwe, orphans were not found to live in poorer households than non-orphans in general, although this did vary somewhat from country to country (Bicego *et al.*, 2003).

Findings from a community-based baseline study in eastern Zimbabwe (Nyamukapa *et al.*, 2003) concurred with those of Case, Hosegood and Lund (2003). Paternal orphans were significantly worse off in terms of ownership of household assets. Orphans were also more likely than other children to be found living with household heads who had received no school education and/or who were currently unemployed, and were found disproportionately in rural households headed by women, elderly people and adolescents.

In the Kisesa Community Study in Tanzania (Urassa *et al.*, 1997), households with orphans did not have a lower economic status in terms of off-farm income, household assets and physical structure of the house. Orphans seemed to be absorbed by households already containing children, making the households larger and the dependency ratio less favourable. They were also more likely to be headed by women. Other studies in sub-Saharan Africa have shown that fostering households are not necessarily among the poorest in a community (Seaman and Petty, 2005; Senefeld and Polsky, 2005).

### **Vulnerability to discrimination in household resource allocation, including education**

The results of the Mozambique study point to discrimination in the intra-household allocation of resources against children who are not direct biological descendants of the household head – but only in poor households (Arndt *et al.*, 2005). This discrimination is identified at the national, rural and urban levels.

In non-poor households, resource allocations between biological and non-biological children do not differ significantly. Resources are more severely constrained in poor households, forcing more difficult choices in resource allocation. Non-biological children may experience discrimination under these harsher economic conditions. The available evidence indicates that wealthier households are more likely to host children in order for them to attend school.

Education can be classified as a resource for children or as a means for developing a critical resource, and the poverty link appears strongly here too. The Malawi study shows some slippage in the school enrolment of orphans, especially as grade level rises. It also finds that orphans, especially paternal orphans, are more likely to work outside the house. The trade-off between pressures to increase current income to finance basic consumption and investing in education to improve earning capacity in the more distant future is particularly difficult for families in which the main income earner (presumably the father) has died (Sharma, 2005).

Many studies have reported the negative impacts of HIV/AIDS on children's schooling, primarily using indicators of enrolment, attendance and retention. Similar findings come from a study using 19 demographic and health surveys conducted between 1992 and 2000 (Case, Paxson and Ableidinger, 2004) where the impact of orphanhood on children's school enrolment is examined in ten sub-Saharan African countries. Poorer children, whether orphans or not, are less likely to attend school than other children. Orphans are less likely to be enrolled than non-orphans with whom they live. This is largely explained, the authors suggest, by the greater tendency of orphans to live with distant relatives or unrelated caregivers who are more likely than extended family to discriminate against the orphaned child.

Like Arndt *et al.* (2005) and Case, Paxson and Ableidinger (2004), Yamano and Jayne (2005) found the negative impact of adult mortality on child school attendance in Kenya to be more severe in poor households, as did Nampanya-Serpell (2000) in urban but not rural areas of Zambia. Deininger *et al.*, (2003), in an analysis of a panel data set of 1,300 households included in surveys conducted in 1992 and 2000, show that foster children were at a distinctive disadvantage in both primary and secondary school attendance before the introduction of the Universal Primary Education Programme in Uganda.

In the South African case study (Adato *et al.*, 2005), however, there was no significant evidence of educational disadvantage among orphans, although the authors speculate, following Case, Paxson and Ableidinger (2004), that this may be because most fostering households in their study area were close kin, not distant relatives.

Finally, Case, Paxson and Ableidinger (2004) found the effects of orphanhood on education to increase with age – as did Sharma (2005) in Malawi – but found no evidence that female orphans are disadvantaged relative to male orphans.

*Educational impacts start when a parent becomes ill and are most severe for poor households*

Although few studies have measured the effects of HIV on children before their parents die, two do provide some insights. The first study in Uganda indicated that the education of adolescents living with and caring for a terminally sick parent may suffer more than that of fostered orphans (Gilborn *et al.*, 2001). In a second study in Kenya by Yamano and Jayne (2005), adult mortality negatively affected schooling in the period directly before mortality occurred – most likely, they surmise, because children are sharing the burden of caregiving.

*Maternal orphans and double orphans are particularly vulnerable to inadequate care*

Analysing longitudinal data from KwaZulu Natal Province, Case and Ardington (2004) find the loss of a child's mother to be a strong indicator of children's poor schooling outcomes. Maternal orphans are significantly less likely to be enrolled in school, tend to complete significantly fewer years of schooling, and on average, less money is spent on their education. The primary impact here is not poverty in itself, but a lack of care manifested in reduced educational attainment and enrolment compared to paternal orphans (Bicego *et al.*, 2003; Case, Hosegood and Lund, 2003; Nyamukapa *et al.*, 2003), the effects of which are independent of household socio-economic status.

The loss of a father is also correlated with children's poor educational outcomes, but this is much more likely to be driven by poverty. Paternal orphans tend to live in poorer households than non-orphaned children (Case, Hosegood and Lund, 2003; Nyamukapa *et al.*, 2003). Although they do not reside in poorer households, double orphans are particularly at risk of

not being enrolled or being pulled out of school (Bicego *et al.*, 2003). They are also more likely to live in rural households headed by women, elderly people or adolescents, or to live on the street.

### *Schooling is often the first to be affected*

For many households, food requirements are more easily maintained than health care or schooling (UNICEF, 2003). In two studies of households with orphans in Tanzania and Burkina Faso, it was found that 21 percent and 22 percent of households respectively could not meet food needs, while 41 percent and 25 percent could not meet their schooling needs. In Uganda, Ntozi *et al.* (1999) found that the main problems facing orphans were inadequate financial support and lack of parental care. Lack of food and/or issues of food security were not noted. A study in Kenya found that 84 percent of households mentioned schooling problems (i.e. buying school books, uniforms, affording time for school rather than working at home) while only 48 percent reported a lack of food (Nyambedha *et al.*, 2003). A study in Uganda found that the main problems among Ugandan orphans were inadequate shelter, the inability to pay school fees and buy supplies, lack of bedding, clothing and medical care and the burden of having to care for younger siblings (Gilborn *et al.*, 2001). Nowhere in these results were inadequate food and nutrition mentioned.

### **Protection of children affected by HIV and AIDS<sup>4</sup>**

Results from the South African case study emphasize the role of established patterns of childcare arrangements as primary safety nets in the context of AIDS in South Africa (Adato *et al.*, 2005). Children are intimately involved with providing care, support and assistance in treatment to HIV-positive mothers and younger siblings. The study demonstrates the positive impacts of disclosure of HIV status to children and the ability of children to get involved in caring for and supporting their mothers. The roles and responsibilities that children are already shouldering, and their positive and negative impacts, must be recognized so they may be protected and supported through a variety of appropriate policies and programmes before they enter orphanhood, including minimizing disruptions in schooling.

For mothers who are aware of their HIV-positive status, making plans for their children represents a chance to take part in their future growth and development. HIV-positive mothers are actively planning for the future of their children, within their limited resources. The plans ranged from organizing future care-giving arrangements to preparing wills for inheritance. While many of the women in our South African study emphasized the desire to save – for example, to meet the future educational requirements of their children – their meagre savings usually precluded this. In order to strengthen the roles of mothers, we must understand the

4 - This section is excerpted from Adato *et al.* 2005; cite original source.

dynamics of planning, the challenges HIV-positive women face in parenting and the strategies they are utilizing in order to secure their children's future. Parents should be included in the future policy and planning surrounding the issue of orphans and other vulnerable children (OVC) in South Africa.

The qualitative research found that processes of fostering children orphaned by AIDS have been articulated in accordance with historical patterns of mobility and with notions of African culture and obligations related to lineage. Family structures are thus far largely coping with the care of orphans, though under the strain of poverty. Divergence from idealized protocols of patrilineal responsibility often occurred where terminally ill mothers were being cared for by their families and children remained in the same household after their mother's death; and because many children do not maintain links with their fathers and/or fathers' relatives. Few conflicts were found around decisions to take in children, although where they occurred they were related to tensions between the patrilocal residence ideal and the matrilineal *status quo*; or to efforts to obtain the property of the deceased or access to social grants. The main fostering parents were relatives, primarily grandparents and aunts and uncles. People express a strong ideal of African cultural norms that require that orphans be treated the same as the children of the fostering relatives, and observations largely confirmed this – though cases of discrimination were found against orphans in some households. Key informant interviews suggest that households headed by children face particular problems and risks with respect to food and nutrition, schooling, health, violence, crime, discipline, teen pregnancy and HIV/AIDS. There is a lack of specialized services to assist them.

In South Africa, state grants provide a crucial social safety net for orphans, particularly the Old Age Pension and the Child Support Grant. The survey data show that about 30 percent of fostering households are receiving the Child Support Grant. However, fostering households have a higher likelihood of unsuccessful applications as the applicant is often not able to be established as the primary care giver. Only a miniscule percentage of fostering households in the survey were receiving the Foster Care Grant. The qualitative research found the main reasons for low uptake to be lack of knowledge and assistance with respect to the application process; concern over length of time involved, doubts about success of applications based on observations of widespread failure across one's social networks; and anticipation or experiences of bureaucratic problems.

Apart from grants, most forms of support for orphans were informal. Neighbours and friends help out, but these social networks are made up of poor people with little to share. Material forms of assistance include mainly cash or food donations, loans, clothing, school uniforms and school fees. Creative community-based initiatives included drop-in and community centres offering recreational activities, school performance monitoring, after-school feeding and take-home food, counselling, parenting skills, and assistance with grant applications. These interventions were few, however, and mainly supported by local contributions, though some had government support.

## POLICY IMPLICATIONS

Clearly, caution must be exercised to avoid unwarranted generalization in interpreting any particular study's findings. The number of studies is still limited, and further research is needed to improve our ability to predict consequences and needs in distinct contexts. But such case studies are particularly useful in challenging the conventional wisdom and they may raise important issues that lead to more effective policy and programming.

*Child vulnerability must be viewed in the context of poverty*

Any approach to strengthening the capacity of extended families and communities to cope with increasing numbers of orphans must take account of the many overlapping vulnerabilities that households are struggling with in their day-to-day lives. Vulnerability is not static – it is a dynamic condition that is exacerbated by dramatic change and a limited capacity to respond to change (Quinlan *et al.*, 2005).

The main policy-relevant finding of the Mozambique study (Arndt *et al.*, 2005) is that children living in poor households who are not biological descendants of household heads, especially those who do not attend school or attend school only sporadically, are likely to be a particularly disadvantaged group who need support.

The situation of orphans needs to be considered in the context of poverty as it is the main reason for a household not taking in an orphaned child (Urassa *et al.*, 1997; Madhavan, 2004). It is not education in orphan care that is lacking: it is rather the insufficient financial capacity to do what would otherwise come naturally.

*Poverty alleviation should be long-term, holistic and child-centred*

Strategies and interventions aimed at poverty reduction through increasing the capacity of communities and households usually also benefit children. But as children generally have no voice in the design of strategies, a “vulnerable child lens” may be a useful tool to mitigate any discrimination found in households or to address issues of stigma at the community level.

Such an approach would entail drawing up a checklist of questions that aim at understanding how traditional mitigation strategies affect the lives and livelihoods of orphans and vulnerable children. It would also assist policy-makers in formulating specific strategies to ensure that children affected by AIDS receive adequate care and resources, while understanding that children are part of the larger family unit and that solutions should, as far as possible, protect the livelihood of the entire family.

The Malawi study prioritizes a policy focus on the education of orphaned

children (Sharma, 2005). Policies to uphold the education of orphaned children should be “incentive-compatible” with individuals newly charged to care for the orphans. In the absence of such compatibility of incentives and/or other enforcement mechanisms, resources and services directed to orphans may simply be commandeered by others. A school feeding programme, for example, is likely to benefit the nutrition of the orphan while at the same time providing a transfer to the household. Further, increasing volunteer visiting programmes, for example with village youth, would provide support for targeted households as well as allowing members of the community to watch over children to ensure that no exploitation or abuse takes place.

### *Build from the base up*

An overriding policy and programming principle is to build progressively from the household and community level, while ensuring a sectoral environment that is conducive to resilience. This helps ensure that solutions remain relevant, and maximizes sustainability and scale.

To ensure adequate care of orphans and vulnerable children, an appropriate starting point is thus the extended family and kin group. The fostering of children by relatives has thus far been the most prevalent, effective and desirable first line of response (Deininger *et al.*, 2003). The South African study has found that when potential caregivers are able to obtain government grants and access counselling services, the extended-family safety net seems capable of offering protection to many of the children affected by HIV and AIDS (Adato *et al.*, 2005).

The primary current obstacles to providing adequate care are thus not sociological but economic. But this is a dynamic situation – such problems are likely to become insurmountable for increasing numbers of households in the future, as rising numbers of orphans put increasing stress on this traditional system.

Based on their research in Tanzania, Urassa *et al.* (1997) have suggested that as the number of orphans increases, communities will not necessarily have to develop radically different coping mechanisms. The challenge, and probably the only feasible intervention, they argue, is to develop community-based support systems that focus on the most vulnerable households and extended families, using only limited external support. Citing experience from community-driven approaches to other development challenges, Binswanger *et al.*, (2006) concur that communities could be provided with the training, facilitation and financial means to manage the basic social protection of vulnerable families in their midst, with such efforts being coordinated at the local level. Little work, however, has been done in detailing specific strategies and interventions that would make such an approach feasible and sustainable for institutions already under increasing stress and diminishing resources.

### *Scale up*

Given the magnitude of the problem of children affected by AIDS in sub-Saharan Africa, and the fact that it is worsening, current responses remain woefully inadequate. Even in one of the more progressive countries, Uganda, efforts by NGOs, governments and donors reach only 5 percent of the 1.7 million orphans in the country. In the most developed social welfare system in the continent, South Africa, fewer than 2 percent of eligible households in one study area receive cash grants to which they are entitled (Adato *et al.*, 2005). Most support services in the country, whether governmental, non-governmental, faith-based or community-based organizations, are small-scale, piecemeal and uncoordinated.

Just as the vulnerability of children is embedded in issues of household and community vulnerability and poverty, so should responses, as far as possible, be aimed at tackling underlying causes of such vulnerability. Multiple causes of child vulnerability should be matched with multi-sectoral solutions. Sectoral mainstreaming may be facilitated by applying an OVC lens to different sectoral policies and programmes. In doing so, stigma may be reduced as the issue becomes more acknowledged and the organizational scale of response also grows. The 2004 consensus framework for the protection, care and support of orphans and vulnerable children (UNAIDS/UNICEF, 2004) is probably the best current example of multi-sectoralism applied to a specific target population in the context of AIDS.

### *Targeting, surveillance, monitoring and evaluation*

Interventions need to be designed to target households which are poor, and children who are vulnerable, so that policy is non-stigmatizing and fair to other poor children and households.

The Malawi study found that targeting food transfers to households caring for orphans works best when it is community-managed. Such programmes are also quite important in upholding education levels of orphans, since it is exactly during crisis times that children are taken out of school and placed on the labour market to augment family income. However, the most challenging link in reaching out to orphans is ascertaining that resources received by the household actually reach the orphans.

In this context, developing appropriate systems of surveillance, monitoring and evaluation systems is critical. The regional study by Rivers *et al.*, (2005) made some specific recommendations here:

- For surveillance, child weight-for-age does not appear to be the most appropriate variable to monitor changes in the nutritional and food-security status of orphans. Food-security indicators might be more appropriate.
- For further analysis, it would be useful to examine the nutritional status of children who live in households with more than one orphan, as these

were the households that were found to be most food-insecure and most in need of targeted support.

- More research needs to be conducted in defining the categories of children who are vulnerable. The orphan/non-orphan dichotomy does not capture the various ways in which children can be affected by HIV/AIDS. Looking at children who live in households with a chronically ill member and children who live in households hosting orphans is a start and should be explored further.

## CONCLUSIONS

This summary report sheds light on the particular vulnerability of children in the context of what HIV and AIDS is doing to families and communities in sub-Saharan Africa. Some aspects of vulnerability have been clarified; others remain unclear. In some cases, the context-specificity of interactions and impacts generates what may be construed as “contradictory results”, which are not immediately policy-friendly. This is hardly surprising when considering the myriad factors and processes that determine the nature and degree of the multiple impacts that occur. Impacts and responses are determined by the dynamics in several contexts (demographic, epidemiological, socio-economic, cultural, psycho-social, organizational), as are the impacts and responses to other stressors beyond HIV and AIDS.

More detailed research is thus needed to distinguish the various dynamics of interaction in different socio-economic contexts, and at different stages of the epidemic. Such a diversity of impacts needs to be matched by diversity among researchers working collaboratively. Bridges need to be built between social scientists, epidemiologists, public health specialists, nutritionists, agricultural economists and other professionals.

But one aspect of emerging evidence is clear: households and communities have demonstrated extraordinary capacity to respond to stresses imposed by AIDS. This capacity, however, may now be on the verge of being overwhelmed in many places. So, although more and better research is clearly needed, there is also an immediate need for concerted and large-scale action. A useful approach for most stakeholders is thus to adopt a structured “learning-by-doing” mode and progressively build a library of operationally-relevant research from various contexts while developing tools and processes to turn evolving local understanding into appropriate local responses.

Strategically, the principle of strengthening capacity from the ground up, as seen through the eyes of a vulnerable child, is central. The aim is to build on what is working, including extended family support, and augment such local responses through strengthening community capacity and progressively aligning sectoral support and incentives.

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**POLICY, STRATEGY & PROGRAMME SUPPORT DIVISION  
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