

**Social and economic policy and thinking on the protection and support to vulnerable children in an era of HIV and AIDS:
Rapid literature review for the Joint Learning Initiative on AIDS and Children (JLIAC) Learning Group on Social and Economic Policy**

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This rapid and incomplete (read “quick and dirty”) scoping of the literature on support to vulnerable and affected children in countries experiencing severe impacts of AIDS, was compiled for the Learning Group on Social and Economic Policy, under the Joint Learning Initiative on AIDS and Children (JLIAC). It focuses on certain general issues in the discourse as well as recent literature on the evidence base for certain social and economic policies and approaches in Social protection, including education, social transfers, food security and legal reforms. It does not address health programmes specifically (other than insofar as certain social protection or development programmes sometimes include HIV prevention or care components), as this is covered by one of the other Learning Groups. Furthermore, it does not particularly aim to go into the more fundamental evidence base for social and economic impacts or drivers of HIV and AIDS, other than where this is directly germane to the topic of review.

This quick scoping is structured as a seven-page narrative Summary, followed by References and an Annex with fairly un-edited annotated References, often including web-links to the listed readings, for easy access and further reading. The narrative starts with broad issues of frameworks, planning and financing, then moves on to conceptual debates about how to reach children in terms of caring, fostering, targeting and carers, followed by sections on social and economic policy in terms of legal reforms, social transfers, broader social protection, food security and education.

As this work was carried out within a very short time-frame and limited resources, it no doubt contains many omissions and, whilst every attempt to provide an objective assessment has been made, any secondary representation of sources of evidence will inevitably be somewhat subjective and the authors take full responsibility for any serious omissions or accidental misrepresentation of original sources.

Narrative summary

1. Frameworks and conceptualisation of vulnerable children and AIDS

There is a broad consensus in the development literature that children made vulnerable from HIV and AIDS have similar needs as children made vulnerable for other reasons and that it is not by virtue of the virus that they merit preferential focus over other vulnerable children (UNICEF, 2004). There remains, however, a tension in the debate as to whether an HIV-specific focus is merited at all, as the dynamics of the epidemic as well as the associated stigma may have specific implications which need to be addressed in their own right, both for actually dealing with AIDS now and for factoring in the epidemic in preparing for the future.

In terms of understanding the situation of children there are several important gaps in research. It is also argued that HIV/AIDS research, policy and programming broadly tends to ignore the 0-8 age group of children, that ways of listening to and consulting with very young children need to be promoted and that National policy frameworks need to include HIV/AIDS in Early Childhood Development (ECD) programmes and integrate ECD initiatives into National AIDS plans of action (Dunn, A., 2004). Similarly, children over 15 are rarely studied, missing out on lasting effects of

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primary education and other support as well as on the effects of secondary education, and – consequently – they are often also missed out of programmatic responses. Contradictory findings often emerge as a result of context specific experiences and inconsistencies as a result of lack of researcher collaboration (e.g. health and education). Arguably, the lack of common languages and understanding can lead to ‘conflated uncertainties’ as well as ‘conflicting certainties’. Research must better capture the meaning and dynamics of family and community (Birdthistle, I, 2004). There is a need to better identify and define the most vulnerable children affected by HIV and AIDS, and, to better keep track of the dynamics, levels and types of vulnerability. Research on psychosocial impacts and responses needs to be expanded and the quantity and quality of monitoring and evaluation systems needs expanding. (Gillespie, S et al., 2005). Connectedly, there may indeed be a fundamental need to carry out research to better conceptualise vulnerability in itself (Haddad, L. and R. Sabates-Wheeler, 2006 - from “InFocus”..).

2. National Policy and Planning

In general, most countries in Sub-saharan Africa have some organised national response to the needs of vulnerable children and some form of consultations and co-ordinating bodies for the response. However, according to a UNICEF/USAID/Futures “OVC Programme Effort Index” several areas are particularly weak, including legislative review to protect the rights of children, monitoring and evaluation and the development of a widely adopted framework for different groups and types of orphans and other vulnerable children (UNICEF, et al., 2004). Poverty Reduction Strategy Papers could hold some potential for improving the integration and co-ordination of planning for vulnerable children and young people made vulnerable by HIV/AIDS, but although the PRSP process has started to add value by bringing HIV/AIDS into national poverty planning processes, progress in transforming stated objectives into actual programmes is slow. For example PRSP planned actions are often not backed up with indicators and budgets and the situation of orphans and vulnerable children receives little attention in most PRSPs, despite the large magnitude of the problem in some countries (Bonnell, R., et al., 2004).

3. Financing

An investigation of funding flows and resources for young children affected by HIV/AIDS found that only an insignificant amount is being targeted on interventions focusing on early childhood development in HIV/AIDS-affected communities (Dunn, A., 2005). Certain categories of intervention under headings like ‘prevention’ and ‘orphans and vulnerable children’ can extend suitable support to very young children, but the author questions whether this is the most effective way to spend the available funds, bearing in mind the special needs of such children.

A recent influential report argues that current aid allocations are unable to find their way through to community groups, and that it is unlikely that simply increasing aid flows will result in sufficient resources reaching community level (Foster, G., 2005). Identified challenges that are stopping the smooth flow of funds to support community initiatives include that: (a) providing resources to communities is not taken seriously at global and national level; (b) current mechanisms do not allow for resource “flows” that reach community-based organisations; (c) lack of clarity about the numbers of children reached and the quality of interventions make monitoring a challenge, and; (d) donors and governments are not held accountable for spending to support community initiatives.

4. Community, Family and Fostering Issues

In many countries residential care is the main strategy for helping children in need of care and protection and the search for good community-based childcare alternatives is not being given sufficient attention by governments and donors (Save the Children UK, 2003). Based on the available evidence on interventions a recent World Bank study finds, amongst other things, that: community driven interventions at the household level appear to be the most cost-effective, whereas formal orphanages appear to be prohibitively expensive (Subbarao, K and D Coury, 2004). A 2005 UNRISD review of literature on community safety nets suggests that: family and extended families provide the first line of defence in the face of shocks to children in Africa; the

second defence is overwhelmingly from different forms of local community safety nets; community safety nets are poorly understood (partly due to their diversity), and making research on the latter a priority for developing appropriate support for wider responses to the needs of children (Foster, G., 2005). There are increasing numbers of children who are at risk of separation from their families or need alternative care. Whilst there is a dire need for practice and policy responses that reinforce family- and community-based care and support options, there is also a need to provide alternative models to family care to address the needs of vulnerable children and orphans, and empower children themselves (Tolfree, 2005).

5. Targeting of vulnerable children? – Coverage, equity, stigma and Incentives

Whilst almost all authoritative sources agree on the fact that the label of AIDS orphan (or other clearly AIDS-related labels) can have severely stigmatising effects, there is still no clear consensus on which children are most relevant and important to reach, in the context of countries highly affected by HIV/AIDS. Unicef, for example, recommend that interventions: be directed to all vulnerable children and the communities in which they reside, and, be integrated into other programmes to promote child welfare and reduce poverty (UNICEF, 2004). In a similar vein, it has been argued that, given the pervasiveness of poverty across South Africa's child population, a social security system that directs interventions on the basis of children's orphanhood mis-targets crucial resources; is inequitable and; is not a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance. (Meintjes, H. et al., 2003).

If applied generally, however, this may make an HIV and AIDS specific analysis and response more challenging, particularly if we are dealing with children living with HIV or AIDS, but also in terms of facing up to the fact that many children do suffer from AIDS related stigma and discrimination, regardless of targeting or interventions. Whilst universal benefits may be more appropriate for large-scale official programmes, for example, effective targeting is not simply about numbers and equity in coverage. Whilst too narrow targeting can indeed precipitate harmful stigmatization and fracture communities and households, too broad targeting can diffuse impact (Levine, 2001).

A review of evidence from Sub-saharan Africa suggests that communities are better than governments or formal NGOs at targeting those most in need (Foster, 2005). Community targeting approaches, in which communities identify vulnerable children and choose program beneficiaries can reduce stigma and enhance sustainability, though they can also introduce bias and leakage (Levine, 2001). Understanding and predicting these responses, and ameliorating their negative impacts and building on their positive potential are important areas for research. Interventions linked solely to the needs of orphans are not likely to create incentives for opportunistic responses to households, as the benefits are not easily shared by other household members. This recognition is in line with the overwhelming consensus that to help vulnerable children, a primary concern is to also support the household and carers (Ainsworth and Filmer, 2002; Slater, R., 2004).

Whilst clearly necessary, the question of whether 'the household', as a unit of analysis, is also sufficient to appreciate the longer term dynamics of how HIV and AIDS affect communities has been raised by several writers including in the 'New Variant Famine hypothesis' (de Waal, A. Ref. ?) and in research on the impact of AIDS on livelihoods in Zambia, which was repeated in a restudy in 2003 (Drinkwater, M. et al., 2006). The NVF describes a "Swiss cheese" effect, where clusters of households are affected by AIDS leading to a hollowing out of support systems around particular clusters in communities, with potentially broader social and economic consequences locally. The Zambia study found that the impact of HIV and AIDS deaths has indeed tended to cluster in communities, with traceable impacts over several years. Whilst it may be more difficult to utilise this concept for broader public programmes (unless further operations research can identify generalisable and practical applications), community-level targeting could be used for programme responses around the cluster concept and longitudinal operations research on how to best develop tools and approaches for this in programming could be worthwhile. Leverages and incentives may take on new dimensions in the perspective of clusters and 'clans', potentially

Comment [11]: 1.1Is this the reference you mean?: 'New Variant Famine': AIDS and Food Crisis in Southern Africa
Lancet, 2003, Alex de Waal & Alan Whiteside,
http://www.earthinstitute.columbia.edu/cgsd/documents/de_waal_lancetarticle.pdf#search=%22new%20variant%20famine%20de%20waal%22

requiring new combinations of methods and frameworks for research. Aside from targeting, this evidence challenges us to consider how the longer-term dynamics of the epidemic might best be researched and may provide a useful additional approach if combined with other ways of tracking the dynamics of social change alongside the dynamics of the virus.

Aside from gaps in research on children under 8 and over 15, we have relative gaps in research on street children or child-headed households, or how best to reach them.

Very little is known about HIV prevalence amongst street children. It is generally assumed that those most vulnerable (i.e. those selling sex or injecting drugs) will be 'picked up' by programmes working with sex workers and injecting drug users. HIV specific interventions are thought to exacerbate stigma and discrimination and the integration of HIV interventions with other protection programmes are often recommended. (Chandy, 2003) It appears little work on street children has been done outside of Asia, with the exception of a recent study on child labour and HIV in sub-Saharan Africa. (Rau, 2003)

6. Girls, boys and gender

In addition, specific issues relating to vulnerable boys and girls, respectively, merit further attention, which is particularly relevant for linking programmes for children with prevention and long-term (including inter-generational cycles). For example, in some schools in Malawi, all girls of certain grades in primary education are reached with take home food rations, whereas only 'double-orphan' boys are reached. The effect of increasing girls' enrolment reduces gender disparities and protects girls in terms of prospects, reproductive health and the risk of HIV at a particularly vulnerable age (Gelli, A. et al., 2006), although it also raises issues of gender equity for un-reached boys.

Gender differentiation in children an often neglected area when 'children' is often seen as a neutral category, where pre-adolescent girls and boys have the same needs and vulnerabilities. When a distinction is made, it is often to highlight the vulnerability of girls and women to sexual violence or HIV infection only. Friedman (2006) argues that the needs of girls are almost always 'lumped in' with those of adolescent girls and women, thereby ignoring the specific needs and issues of young girls. Programmes that specifically target boys and girls have shown improved attitudes towards gender equality and increased social well-being. (Boler, 2003; Barker & Gerard, 2003).

7. Carers of OVC

Help Age International presents evidence for how social pensions can help alleviate child poverty and argue for urgent attention to the psycho-social support needs of elder carers and their inclusion in programming and priority setting. Responses to support older carers have received some attention, be it in the use of non-contributory pension schemes in South Africa, home-care services in Zambia, training for older people to be counsellors in Sudan, or older people's clubs, led by local leaders, in Vietnam (Help Age International and the International HIV/AIDS Alliance, 2005).

In the majority of South African policy discourse, for example, women are reportedly not seen as agents in the process of preparing their children and future caregivers, or of planning for the future. Whilst the more effective inclusion of mothers and families before the death of a parent is strongly recommended (Norman, A. et al., 2005), few sources make any specific recommendations on the issue and role of fathers, which is somewhat perplexing given the emphasis on inheritance rights and the like elsewhere in the literature. Much of the literature on inheritance examines rights in relation to widow's rather than children and details increased vulnerability of orphans (Human Rights Watch, 2001).

8. Legal reforms

Of the 36 countries in sub-Saharan Africa included in the 2004 OVC Programme Effort Index, only a few countries had reviewed laws and just one reported to have the resources to enforce laws for orphans and vulnerable children (UNICEF et al., 2004). Although new legislation in South Africa, for example, has enjoyed the attention of Parliament in the past few years, the rights of children who are vulnerable to growing up in a child-headed household had not been sufficiently addressed by 2004 (Sloth-Nielsen, J., 2004). The law prevents children heading households who are aged below 16 years from receiving the child support grant on behalf of younger siblings and there is no monitoring to ensure that discriminatory practices related to children living in child-headed households, and those affected by HIV/Aids, are challenged. In addition, reportedly no food security policy exists that ensures the rights of children in child-headed households to have access to basic nutrition. Legal protection for vulnerable children in other countries is likely to be less developed in general and issues of land-grabbing and lost inheritance of children are commonly referred to (Human Rights Watch, 2001).

9. Economic policy

Little seems to be available on the longer term macro-economic impacts of investments in child-focused development specifically. Likewise, there has been little exploration of the HIV related impacts on children of longer term economic policy. De Vogli and Birbeck find that World Bank and IMF adjustment policies produce conditions which worsen women and children's vulnerability to HIV. They argue for a shift in emphasis from an individual approach to a socioeconomic approach in the study of HIV infection among women and children (De Vogli and Birbeck, 2005).

10. Social transfers

A comparative examination of the poverty-reduction effectiveness of cash transfer programmes targeting children – the Child Support Grant in South Africa, family allowances in transition countries, and targeted conditional cash transfer programmes in Latin America and the Caribbean – finds that, despite differences in design, cash transfer programmes targeting children in poor households are an effective way of reducing poverty, with income supplements and minimum guaranteed incomes being likely to have the greatest poverty reduction impacts (Barrientos A. and Jocelyn DeJong, 2006). Evidence from a review of unconditional cash transfers in 15 countries of east and southern Africa suggests that achieving multiple impacts with a cash transfer involves linking their delivery with the delivery of basic services, such as an immunisation drive, HIV and AIDS awareness, or nutrition education. For child wellbeing, cash transfers are a key economic intervention as part of a range of social protection measures that includes access to and quality of health, education and other services for all children, child protection and psychosocial support. (Devereux, S. et al., 2005)

11. Social protection

Social protection has been explained as describing a broad framework of private and public initiatives that provide income or consumption transfers to the poor, protect the vulnerable and enhance the social status and rights of the marginalised. The overall objective is to reduce the economic and social vulnerability of the poor, vulnerable and marginalised groups. Debates on 'social welfare' and 'assistance' have focused mainly on assistance to the poorest and most vulnerable, as well as sometimes preventive efforts through insurance and pooling of resources, whilst 'social protection' takes a broader perspective to also include promotive and transformative actions (Devereux S. and R. Sabates-Wheeler, 2004 – quoted in [In Focus, on IDS Web-site with a link, on Transformative Soc Protn](#)).

All the evidence suggests that the traditional fostering systems in Africa, supported by community programmes, will continue to meet most of these children's basic needs, provided that coping mechanisms are not undermined. However, families and communities need to be supported to avoid these mechanisms becoming overburdened. Current systems, procedures and approaches

of case-oriented social welfare provision are inadequate for coping with the future impact of the epidemic. State and NGO systems of support for vulnerable children also need to recognise the central role played by families and communities in the provision of care and need to ensure that their systems of support strengthen rather than undermine extended family and community support mechanisms (Foster, 2004).

A recent ODI report for DFID argues that innovation in microfinance to support HIV/AIDS-affected and other vulnerable households should be encouraged, accompanied by a careful consideration of the embedded inequalities in communities that may result in exclusion of HIV/AIDS affected households. Social protection interventions should be designed around impact rather than prevalence rates, and donors, governments and NGOs should ensure an appropriate balance between prevention, care and recovery activities, whatever the prevalence rates. Donors and governments should recognise that the HIV/AIDS epidemic will create a long-term welfare bill and find ways of supporting this (Slater, R., 2004).

Micro-finance and HIV/AIDS remains an under-developed area and many programmes simply combine AIDS activities with microfinance projects, without significantly deeper analysis of the why's who's and so on. Tap and Reposition Youth (TRY) is a multiphase initiative whose overall aim is to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihoods options in low-income slum areas of Nairobi. TRY has had a substantial impact on girls' earnings and savings. Although TRY participants were not more knowledgeable than girls in the control sample about reproductive health issues, they nevertheless seemed better able to negotiate sexual relationships, including that TRY girls are more likely than girls in the control sample to be able to insist on condom use and to refuse sex. TRY's repayment rates were lower than standard – possibly a result of the programme's experimental nature. A challenge is that the programme may not reach financial sustainability and judging its' cost-benefit against other alternatives remains a priority.

A recent review on the role of food-based transfers in social protection concludes that while it is widely recognized that food assistance alone will not address the complex needs of PLHA, affected households and communities, food and nutrition support have an important role to play within an integrated framework of Social Protection. There is a critical need to look at how HIV&AIDS has impacted Social Protection mechanisms in developing countries, and conversely, how new thinking on Social Protection might pave a course towards more effective provision of Social Protection in prevention; care, support and treatment; and mitigation of HIV&AIDS (Greenblott, K., 2006).

12. Food security

Inconsistent findings make it difficult to assess if orphans and other vulnerable children have specific nutritional needs separate from other children. Whilst orphan children do not appear to be worse off in terms of anthropometry than other children – after adjusting for age differences and taking into account the presence of surviving parents in the household –, children being fostered appear better-off in terms of anthropometry than other children (such as those living with one parent) and children in institutions seem to be worse-off nutritionally than children residing in households. Households with chronically sick members have been found to be more food insecure and a much larger percentage of orphans live in households that are classified as food insecure with child hunger (Rivers, J. et al., 2004).

Nevertheless, the blanket labelling of AIDS-affected households as in need of food security assistance is inappropriate (since not all AIDS-affected households are food insecure, and that many unaffected households are food insecure) so many argue that the targeting of food aid or other emergency interventions is still best done using socio-economic/wealth criteria rather than demographic or health criteria (e.g. Save the Children, 2004).

13. Education

A recent review of case studies on education for Educationally Marginalised Children (EMC) in Africa concluded that there is an intersection of interest between education sector policy, HIV and AIDS education sector policy and OVC (or EMC), and, it argues that such social protection is indeed the mainstream business of education – particularly in the HIV and AIDS era. The review challenges the education sector with a stark choice, that is, to embrace and mainstream social protection as an integral function of education's mandate or to abandon any real prospect of achieving the national and international goals to which the sector has long committed (The Mobile Task Team (MTT) on the Impact of HIV/AIDS on Education, 2005).

A World Bank study some years ago concluded that orphan status is not a good targeting criterion for "traditional" programs aimed at raising enrolment rates, since interventions linked solely to the needs of orphans are not likely to create incentives for opportunistic responses to households, as the benefits are not easily shared by other household members (Ainsworth, M. and Filmer, D., 2002). Of course, this links the targeting criteria to a slightly nebulous type of intervention "traditional programmes". A slightly more recent study undertaken to better understand the situation of orphans and other vulnerable children's access to education found that: (a) orphans appear to be less likely to attend school than non-orphans; (b) resources permitting, it is generally better to target an entire household rather than an individual child, or in the case of a school, to target all students rather just orphans; (c) to minimize related difficulties (e.g. attracting students away from government schools and into community schools), targeting should be done by clustering and should be facilitated through community-based identification mechanisms (WFP, 2003).

A subsequent study examines the findings of WFP's Food for Education (FFE) programmes' impact evaluation surveys, which took place in 32 countries in Africa between 2002 and 2005. Results suggest that: (a) FFE had a strong impact on absolute enrolment in WFP-assisted schools, although the increases in absolute enrolment after the first year of FFE were found to vary substantially by the type of FFE programme; (b) in particular, in FFE programmes that combined the provision of take-home rations for girls with on-site feeding for all pupils, the increase in girls' absolute enrolment was found to be sustained at values of 30 percent year on year, and; (c) THRs also appeared to support girls' absolute enrolment in all primary school grades, thus suggesting reduced drop-out of female students particularly in the higher grades (Gelli, A. et al., 2006). However, less is known about exactly how such transfers translate into better school attendance at the household level. Research on this could help improve programmes further, and also potentially assess whether food or cash would make a bigger difference, as well as provide insights for other programmes targeting benefits for children to households.

Annex 1. Annotated references with descriptions and/or main conclusions

1. Macro-level issues

1.1. Frameworks/Major reports

The UNICEF publication *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS* (sometimes referred to as "The Framework") (UNICEF, 2004) was drawn up in collaboration with development practitioners and representatives from a broad array of stakeholders. It considers that:

- Families and communities as the foundation of an effective, scaled-up response and
- Children, too, can be powerful agents of change, a role that enhances their confidence and self-esteem as they become partners in the fight against HIV/AIDS.

In addition, the framework recommends that interventions that result from it:

- be directed to all vulnerable children and the communities in which they reside
- be integrated into other programmes to promote child welfare and reduce poverty and (i.e. avoid targeting children living with HIV or AIDS or orphaned as a result of it will only serve to exacerbate the stigma and discrimination against them.)

The framework outlines 5 broad areas of action:

- Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support
- Mobilize and support community-based responses
- Ensure access for orphans and vulnerable children to essential services, including education, health care and birth registration
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS

The UNICEF, UNAIDS and PEPFAR report *'Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS'* (UNICEF, et al. 2006) builds on 2004 framework and points out that:

- some challenges can be addressed by providing support to caregivers, extended families and communities
- others, including equitable access to education and health, birth registration, foster care and inheritance legislation, also require commitment and intervention from governments
- the multi-sectoral nature of HIV response makes tracking difficult at the country level, so it is not known what percentage of this money is specifically helping children

Canada, Sweden and the UK have agreed to join efforts to support UNICEF in delivering results for children. Their Joint Institutional Approach (JIA) (DFID et al., 2006) focuses on priority areas of work which they believe will strengthen UNICEF's Medium Term Strategic Plan and concentrates on five focus areas: 1) young child survival and development; 2) basic education and gender equality; 3) HIV/AIDS and children; 4) child protection; and, 5) policy advocacy and partnerships for children's rights.

The report of the Third Global Partners Forum on Children affected by AIDS (which was co-hosted by UNICEF and the UK Government in London) summarises a plethora of needs and obstacles to improving the situation of OVC and makes a number of specific recommendations for addressing the blockages to universal access to prevention, treatment, care and support for children affected by AIDS. The recommendations focus on issues related to (a) birth registration, (b) social welfare systems, (c) access to education, prevention and treatment services for children, (d) integrating a multi-sectoral response for children affected by AIDS into development

instruments, (e) strengthening the capacity of civil society and (f) strengthening monitoring and evaluation of the response.

1.2. Impact Assessment/situation analysis

In *“Understanding the Needs of Orphans and Other Children Affected by HIV and AIDS in Africa”*, Isolde Birdthistle, summarizes the findings that represent the most current understanding (i.e., the “state-of-the-art”) of children’s vulnerability due to AIDS, in order to capture what is known and not yet known about the impact of HIV and AIDS (Isolde Birdthistle, 2004). Findings show that orphan-hood is compounded by: biological, economic and emotional pathways. Experience shows that families and communities are the main sources of child welfare in sub-Saharan African contexts.

Research **gaps** and challenges show that:

- Children over 15 are rarely studied, missing out on lasting effects of primary education and other support as well as on the effects of secondary education;
- Contradictory findings often emerge as a result of context specific experiences and inconsistencies as a result of lack of researcher collaboration (e.g. health and education).
- Research must better capture the meaning and dynamics of family and community.

Stuart Gillespie, Amy Norman and Betsy Finley, IFPR, 2005 (Gillespie, S et al., 2005) review accumulated evidence on child vulnerability and HIV/AIDS in sub-Saharan Africa and ask what can be done better. They propose some key principles for better responses, including:

- The wellbeing of children affected by HIV and AIDS is closely tied to issues of poverty and resource distribution
- View poverty holistically, but also through the eyes of a child
- Build from the base to ensure local relevance and sustainability
- View the OVC challenge as a multi-sectoral development opportunity

They also identify some major research **gaps**, including the need to:

- Identify and define the most vulnerable children affected by HIV and AIDS
- Keep track of the dynamics, levels and types of vulnerability
- Expand research on psychosocial impacts and responses and
- Improve the quantity and quality of monitoring and evaluation systems.

John Williamson, Adrienne Cox Beverly Johnston developed a framework and resource guide is intended to help people involved in programs assisting orphans and vulnerable children conduct a situation analysis (Williamson et al., 2004). Examples of situation analyses and related research are provided throughout the document to draw upon the variety of approaches, and their components that communities and institutions have undertaken to assess their particular situation.

1.3. National Policy

UNICEF, USAID, and the Futures Group developed an “OVC Programme Effort Index” to measure effort in the response to the needs of the increasing numbers of orphans and children made vulnerable to HIV/AIDS (UNICEF, USAID, Futures, 2004). The OVC-Index was applied to 36 countries in sub-Saharan Africa in 2004. All 36 countries have some organized efforts to respond to the needs of orphans and other vulnerable children, most have established a coordination mechanism and organized a national consultation to discuss the situation of these children. However, the average score for sub-Saharan Africa was just 48 per cent of the maximum effort and there is considerable room for improvement in all countries. According to the report it appears that:

- Legislative review is the weakest area: Only few countries had reviewed laws and just one reported to have the resources to enforce laws for orphans and vulnerable children.
- Monitoring and evaluation is weak: In the majority of the countries no monitoring and evaluation of the national response for OVC is currently being undertaken.

- The development of a widely adopted policy specific for orphans and other vulnerable children is another challenge for most countries.

The results of the desk review *'Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS?' (Bonnell, R. et al., 2004)* show that the PRSP process has started to add value by bringing HIV/AIDS into national poverty planning processes, but progress in transforming stated objectives into actual programmes is slow.

- PRSP planned actions are often not backed up with indicators and budgets.
- The situation of orphans and vulnerable children receives little attention in PRSPs and National Strategic Plans, despite the large magnitude of the problem in some countries. PRSPs could do more to promote action for children and young people affected by HIV/AIDS by building on the strengths of their principles and approaches.
 - First, given the links between HIV/AIDS and poverty, interventions should be directed at reducing the HIV/AIDS-related causes and consequences of poverty. This concerns particularly young people and children orphaned or made vulnerable by the pandemic.
 - Second, PRSPs can play a strong role in strengthening the links between HIV/AIDS programmes and governments' annual budgets, although stronger links between PRSPs and National Strategic Plans on HIV/AIDS Plans is a key prerequisite.
 - Third, country ownership of PRSPs should be enhanced and various stakeholders should play an increased role in the formulation of programmes and the monitoring of their implementation. Establishing an effective partnership among governments and civil society organizations is therefore critical.

1.4. Financing

An investigation of flows of funding and resources for young children affected by HIV/AIDS for the Bernard Van Leer Foundation (Dunn, A., 2005) surveys the ways in which funding for HIV/AIDS care is disbursed. It is evident that only a small and insignificant amount is being targeted on interventions focusing on early childhood development in HIV/AIDS-affected communities. Certain categories of intervention under headings like 'prevention' and 'orphans and vulnerable children' can extend suitable support to very young children, but the question remains: Is this the most effective way to spend the available funds, bearing in mind the special needs of such children?

In the report *'Bottlenecks and drip-feeds: channelling resources to communities responding to orphans and vulnerable children in southern Africa' (Foster, G., 2005)* for SCF, the author identifies a number of barriers that are stopping the smooth flow of funds to support community initiatives working with vulnerable children. The report argues that current aid allocations are unable to find their way through to community groups, and it is unlikely that simply increasing aid flows will result in sufficient resources reaching community level. It considers which are the most efficient and effective mechanisms that can be implemented at a scale to provide such support. The identified challenges that are stopping the smooth flow of funds to support community initiatives include:

- providing resources to communities is not taken seriously at global and national level
- current mechanisms do not allow for resource "flows" that reach community-based organisations
- lack of clarity about the numbers of children reached and the quality of interventions
- donors and governments are not held accountable for spending to support community initiatives.

The report recommends that:

- long-term funding be committed to meet the needs of orphans and vulnerable children
- greater investment is made at different levels of the funding system to ensure resources reach communities and respond rapidly to needs of children, taking risks where necessary
- technical support be increased at all levels
- HIV/AIDS funding is tracked to determine how much reaches communities to benefit children.

2. Community/Family/Foster based issues

The reasons for so many children – over 8 million worldwide in 2003, according to SCF – living in residential care are multiple. In many countries residential care is the main strategy for helping children in need of care and protection. Save the Children argue, in their report '*A Last Resort: The Growing Concern about Children in Residential Care*' (Save the Children UK, 2003), that:

- many features of residential care are an abuse of children's rights
- the search for good community-based childcare alternatives is not being given sufficient attention by governments and donors.
- better solutions for helping children affected by poverty, conflict and HIV/AIDS need to be found through working with children themselves.

Kalanidhi Subbarao and Diane Coury undertook a World Bank study to offer some guidelines on the interventions that best mitigate or cope with the many risks and vulnerabilities confronted by OVC (Subbarao, K and D Coury, 2004). Based on the available evidence on interventions, it finds, amongst other things, that:

- community driven interventions at the household level appear to be the most cost-effective
- formal orphanages appear to be prohibitively expensive.

In a 2005 UNRISD review of literature on community safety nets and examples of safety-net functioning, (entitled '*Under the Radar – Community Safety Nets for Children Affected by HIV/AIDS in Poor Households in Sub-Saharan Africa*') Geoff Foster reviews a wide range of research and evidence and argues strongly that:

- family and extended families provide the first line of defence in the face of shocks to children
- the second defence is overwhelmingly from different forms of local community safety nets
- community safety nets are poorly understood (partly due to their diversity),
- making research on the latter a priority for developing *appropriate* support for wider responses to the needs of children.

In '*Facing the Crisis: Supporting Children Through Positive Care Options*', David Tolfree assesses the situation of the increasing number of children who are at *risk of separation* from their families or need alternative care due to HIV/AIDS, poverty, conflict, natural disasters, exploitation, abuse and family breakdown (Tolfree, 2005). He emphasises the need for practice and policy responses that reinforce family- and community-based care and support options.

Key recommendations include:

- acceptance that care and protection of children is a fundamental role of government;
- prioritise family support and keep children in their families wherever possible;
- build on existing community strengths but encourage innovation
- provide alternative models to family care to address the needs of vulnerable children and orphans; and
- empower children

3. Targeting – who, where and when?

3.1. CAA, OVC or vulnerable children? – coverage, equity, stigma and Incentives

The debate over whether it is best to target AIDS orphans, children affected by AIDS (CAA), all orphans and vulnerable children (OVC) or all vulnerable children has gone on for several years and been slightly compromised by differing motivations surrounding equity, different appreciations

of the dynamics of the HIV and AIDS pandemic and – often – lack of clarity about the question of “for what?”. Whilst almost all authoritative sources agree on the fact that the label of AIDS orphan (or other clearly AIDS-related labels) can have severely stigmatising effects, there is still no clear consensus on which children are most relevant and important to reach, in the context of countries highly affected by HIV/AIDS.

In “the Framework” (UNICEF, 2004) Unicef, for example, argue for avoiding targeting children living with HIV or AIDS or orphaned as a result of it, because it will *only* serve to exacerbate the stigma and discrimination against them. Instead they recommend that interventions:

- be directed to all vulnerable children and the communities in which they reside
- be integrated into other programmes to promote child welfare and reduce poverty and

With reference to cash transfers in South Africa, Meintjes, Budlender, Giese and Johnson argue that, given the pervasiveness of poverty across South Africa’s child population, a social security system that directs interventions on the basis of children’s orphanhood mis-targets crucial resources; is inequitable; is located in questionable assumptions about children’s circumstances; risks further overburdening the child protection system; and is not, as a whole, a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance. (Meintjes, H.; Budlender, D. et al., 2003).

If applied generally, this may make an HIV and AIDS specific analysis and response more challenging, particularly if we are dealing with children living with HIV or AIDS, but also in terms of facing up to the fact that many children do suffer from AIDS related stigma and discrimination, regardless. Whilst this may indeed be the case for large-scale official programmes, for example, a report on a conference on ‘*Orphans and other vulnerable children: what role for social protection?*’ (Levine, 2001) points out that effective targeting is not simply about numbers and equity in coverage.

- Whilst too narrow targeting can indeed precipitate harmful stigmatization of program recipients and fracture communities and households,
- too broad targeting can diffuse impact.

A recent ODI report for DFID on ‘*The implications of HIV/AIDS for social protection*’ (Slater, R., 2004) makes the following conclusions on targeting:

- Except in very specific circumstances, social protection mechanisms should target vulnerable people in order to reduce risks, some of which are the result of HIV/AIDS and some of which have other sources, rather than people affected by HIV/AIDS only.
- Support should be targeted to households and not just individuals, because of the problems that emerge when an AIDS patient dies and because, since it is generally orphans left behind, household recovery options are severely hampered.
- HIV/AIDS orphans should be supported alongside other orphans who have similar needs, for example, with alternative curriculum and training at school to help them take on adult roles and responsibilities.
- Food for work (FFW) and cash for work (CFW) programmes can be appropriate for HIV-positive but asymptomatic people, but these should be in parallel with other transfers, notably food and cash, for households that are labour constrained through morbidity or mortality effects. Running FFW and CFW programmes in parallel with food and cash transfers is important in preventing children, especially orphans, from being forced into labour markets.

An increasingly common view is that communities are better at targeting those most in need, as backed up by evidence cited by Geoff Foster in his “*Under the Radar:*” review (Foster, 2005). Levine (Levine, 2001) points out that community targeting approaches, in which communities identify vulnerable children and choose program beneficiaries:

- can reduce stigma and enhance sustainability, though
- they can also introduce bias and leakage.

In all forms, targeted interventions unleash often-unintended behavioural changes as households respond to the incentives they create.

Predicting these responses, and ameliorating their negative impacts, is an important task for policy planners.

Ainsworth and Filmer, in their World Bank report *'Poverty, AIDS and Children's Schooling: A Targeting Dilemma'*, argue that interventions linked solely to the needs of orphans are not likely to create incentives for opportunistic responses to households, as the benefits are not easily shared by other household members. This recognition is in line with the overwhelming consensus that to help vulnerable children, a primary concern is to also support the household and carers.

3.2. How to reach the children and those often missed out

Whilst there is by now a fairly broad consensus that children must be identified and reached through their households and communities, it is not clearly agreed how that happens best or whether that will reach all children in need.

The question of whether 'the household' is sufficient, as a unit of analysis, to appreciate the longer term dynamics of how HIV and AIDS affect communities has been raised by Alex de Waal in his 'New Variant Famine hypothesis' (Ref. ?), as well as by Michael Drinkwater in his research on the impact of AIDS on livelihoods in Zambia, which was repeated in a restudy with Fiona Samuels and others in 2003. The NVF describes a "Swiss cheese" effect, where clusters of households are affected by AIDS leading to a hollowing out of support systems around particular clusters in communities, with potentially broader social and economic consequences locally. Drinkwater and Samuels found that the impact of HIV and AIDS deaths has indeed tended to cluster in Zambian communities, with traceable impacts over several years (Drinkwater, M. et al., 200?). Whilst it may be more difficult to utilise this concept for broader public programmes (unless further operations research can identify generalisable and practical applications), community-level targeting could be used for programme responses around the cluster concept and longitudinal operations research on how to best develop this for programming could be worthwhile. Levine's points about incentives and leakages may take on new dimensions in the perspective of clusters and 'clans', requiring new methods and frameworks for research.

The report *'HIV/AIDS: what about very young children?' (Dunn, A., 2004)* argues that HIV/AIDS research, policy and programming tends to ignore the 0-8 age group of children. Opportunities to meet young children's needs are greatly reduced in HIV/AIDS affected communities. Very young children are at a critical stage of development when holistic care and support is essential.

- Support for ongoing community initiatives can increase household and community capacity to provide holistic care for very young children affected by HIV/AIDS.
- Ways of listening to and consulting with very young children need to be promoted to enable children aged 0-8 to participate in processes that affect them and to be valued for the contributions that they make.
- National policy frameworks need to include HIV/AIDS in Early Childhood Development (ECD) programmes and integrate ECD initiatives into National AIDS plans of action.

As referred to earlier, in *"Understanding the Needs of Orphans and Other Children Affected by HIV and AIDS in Africa"* (Birdthistle, I., 2004), Isolde Birdthistle identifies an important research gap in that

- Children over 15 are rarely studied, missing out on lasting effects of primary education and other support as well as on the effects of secondary education.

Parents of OVC

In their paper *'Placing HIV-positive Mothers at the Centre of Planning for Orphans and Vulnerable Children: A Case Study of South Africa'* (Norman, A. et al., 2005) Amy Norman, Suneetha

Kadiyala and Mickey Chopra present the results of a study that examined the experiences of women undergoing shocks related to the impact of HIV/AIDS in two South Africa communities- Paarl and Umzimkhulu. It highlights the challenges of maternal disclosure in the African context, the planning for future care-giving, the financial constraints mothers face, and the opportunity undertaken by women to foster future resistance and resilience in their children. This paper makes three main points:

- we must address women and mothers directly about their future plans.
- we must reorient the debate so as to include mothers in the future policy and planning surrounding the issue of OVCs
- we must understand the dynamics of planning, the challenges HIV-positive women face in mothering, and some of the strategies they employ in their efforts to plan.

The paper argues that, in the majority of policy discourse, women are not seen as agents in the process of preparing their children and future caregivers, or of planning for the future. This paper calls for the inclusion of mothers and families before the death of a parent, so as to privilege a thus far underutilized resource in discussions surrounding the impending AIDS orphan crisis. No specific recommendation is made on fathers.

Old carers

The report *'Forgotten families: older people as carers of orphans and vulnerable children'* (HelpAge International; International HIV/AIDS Alliance 2003) features a series of case studies describing innovative ways of dealing with some of the difficulties faced by older-headed households. They cover a wide range of responses, including the use of non-contributory pension schemes in South Africa, home-care services in Zambia (which have enabled families to stay together), and training for older people to be counsellors in Sudan. In Vietnam, older people's clubs, led by local leaders, are helping older people to cope with the stigma and discrimination in their communities. Amongst other things the report recommends us to:

- develop policies and programmes that address the psychosocial needs of older carers and orphans and vulnerable children
- ensure the involvement and participation of older carers and orphans and vulnerable children, in community structures, and in formulating national policy for poverty reduction and supporting families affected by HIV/AIDS
- undertake research and collect comprehensive age-disaggregated data on the needs and roles of older people and orphans and vulnerable children, to design HIV/AIDS interventions that are inclusive of older people

Another report on the same topic, *'Age and security: How social pensions can deliver effective aid to poor older people and their families'* (HelpAge International, 2004) discusses how social pensions can help alleviate child poverty.

- In Tanzania, where there is no pension, out of 146,000 children orphaned by HIV/AIDS, only 1,000 attended secondary school, because their grandparents could not afford fees.
- In Zambia, a pilot cash transfer scheme to older people caring for orphans has resulted in improved school attendance.
- In rural Brazil, pensions are strongly associated with increased school enrolment, particularly of girls aged 12-14.
- In South Africa, girls living in a household with an older woman in receipt of a pension are 3-4 centimetres taller than girls in households with older women who do not receive a pension.

As mentioned in the introduction to this section, questions of appropriate targeting is not only related to the "who?" but also the "what for?". Following sections will cover more issues in targeting with reference to different approaches, such as social protection, or areas of work, such as education.

4. Social and economic policy

This section reviews recent literature and research on cash-transfers, social protection, micro-finance, food security, education, as well as legal reform. Health interventions are not covered, as this will be a primary focus of another JLIAC learning group.

4.1. Cash/Social transfers

The SCF/IDS report *'Making cash count: lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households'* (Devereux, S. et al., 2005) reviews unconditional cash transfers in 15 countries of east and southern Africa, including four programmes in more depth (Ethiopia, Lesotho, Mozambique and Zambia), with an emphasis on design issues such as cost-effectiveness, accuracy of targeting, delivery modalities, institutionalisation and potential for scaling up. The authors recommend that schemes need to be improved, or designed, in a number of ways:

- Cash transfers should be integrated into a comprehensive package of context-specific social protection interventions
- Pilot projects should be scaled up and institutionalised within government structures
- Partnerships should be built for effective delivery by involving government, donors, NGOs, the private sector and communities. The need to invest in management capacity should not be underestimated
- a predictable cash transfer is a "social contract" between a government and citizens that must be upheld, not just another donor-driven experiment to be abandoned when the project cycle ends.

The authors also show that achieving multiple impacts with a cash transfer involves linking their delivery with the delivery of basic services, such as an immunisation drive, HIV and AIDS awareness, or nutrition education, or complementary services, e.g. banking. For child wellbeing, cash transfers are a key economic intervention as part of a range of social protection measures that includes access to and quality of health, education and other services for all children, child protection and psychosocial support.

The DFID Social Protection Briefing Note *'Using social transfers to improve human development'* (DFID, 2006) provides an introduction to how social transfers – particularly cash transfers and vouchers – can improve human development, especially for the extreme poor and socially excluded. Drawing on social protection and demand-side financing literature, it outlines:

- Evidence that investment in social transfers can make scaled up investments in education and health more effective and equitable
- The need to balance demand-side and supply-side action
- Key considerations in choosing social transfer instruments for human development
- Where the evidence base needs strengthening

This briefing seeks to encourage policy coherence and programme complementarity between education and health sectors, and social protection. It is written primarily for programme managers and advisers leading on DFID's engagement with education and health sectors, AIDS and social protection. This note complements the DFID practice paper (2005) Social Transfers and Chronic Poverty. A background paper provides further information.

The report *'Child Poverty and Cash Transfers'* (Barrientos A. and Jocelyn DeJong, 2004) examines the role of cash transfers in the reduction of child poverty in developing and transition countries. The evidence suggests that:

- different kinds of targeted cash transfers can make a significant contribution in reducing poverty and vulnerability among children and their households.
- In countries with growing numbers of orphans and child-headed households, ensuring that vulnerable children without adult support receive cash transfers is an urgent policy challenge.

- Income supplements and minimum guaranteed incomes are likely to have the greatest poverty reduction impacts.
- Programmes that integrate cash transfers with other key services are likely to have the strongest impacts on child wellbeing.
- To be most effective, cash transfers need to be part of wider anti-poverty policy that enhances poor people's economic opportunities.

In the article '*Reducing Child Poverty with Cash Transfers: A Sure Thing?*' Armando Barrientos and Jocelyn DeJong provide a comparative examination of the poverty-reduction effectiveness of cash transfer programmes targeting children (Barrientos A. and Jocelyn DeJong, 2006). They focus on three types of such programmes: the Child Support Grant in South Africa, family allowances in transition countries, and targeted conditional cash transfer programmes in Latin America and the Caribbean. It finds that,

- despite differences in design, cash transfer programmes targeting children in poor households are an effective way of reducing poverty.

4.2. Social protection

Maia Green's background paper for the Wilton Park Conference, 2005, '*Strengthening national responses to children affected by hiv/aids: what is the role of the state and social welfare in Africa?*' provides an overview of the situation of children and outlines the strengths and weaknesses of current policy responses to children affected by HIV and AIDS and the role of different institutions in implementation; and explores some of the opportunities for children affected by HIV and AIDS presented by recent innovations in social welfare programming in low income settings.

In '*Looking at Social Protection through a Livelihoods Lens*' (Devereux S., 2006) and '*Transformative Social Protection*' (Sabates-Wheeler, R., 2006) Stephen Devereux and Rachel Sabates-Wheeler explain social protection as describing a broad framework of private and public initiatives that provide income or consumption transfers to the poor, protect the vulnerable and enhance the social status and rights of the marginalised. The overall objective is to reduce the economic and social vulnerability of the poor, vulnerable and marginalised groups. Debates on social welfare and assistance have focused mainly on assistance to the poorest and most vulnerable, as well as sometimes preventive efforts through insurance and pooling of resources, whilst social protection takes a broader perspective to also include promotive and transformative actions. As social welfare services, health and education also have many protective, preventive, promotive and transformative functions, there may be a risk of diffusion in the concept of social protection, unless it is stressed that social protection focuses on social and economic transfers.

In the World Bank paper '*Social Protection of Africa's Orphans and Other Vulnerable Children*' (Subbarao, K et al., 2001) Subbarao, Mattimore and Plangeman review initiatives of governments, NGOs, and the World Bank, examines some of the issues in programme design as well as the advantages, disadvantages, and cost-effectiveness of various program interventions, including education and health subsidies, fostering, orphanages, and children's villages. The following conclusions emerge from the reviewed evidence:

- AIDS has already exhausted traditional coping methods;
- "Fostering" of orphans by relatives is more attuned to the African socio-cultural milieu than most other options and may work well in post-conflict contexts;
- direct and indirect subsidies will play a role in fostering;
- widespread orphaning may need institutional responses, but
- large orphanages should be a last response.

A recent ODI report for DFID on '*The implications of HIV/AIDS for social protection*' (Slater, R., 2004) makes the following policy conclusions and recommendations, amongst others:

- Singling out the HIV/AIDS epidemic as a special and unique kind of crisis can be useful for directing resources and political attention towards dealing with the impacts of the epidemic. However, actual activities focusing on HIV/AIDS mitigation and coping should be part of larger programmes (for example those dealing with chronic illness or food security).
- Innovations in microfinance to support HIV/AIDS-affected and other vulnerable households should be encouraged, accompanied by a careful consideration of the embedded inequalities in communities that may result in exclusion of HIV/AIDS affected households.
- Various institutions have a role to play in contributing to or implementing safety nets. Outside HIV/AIDS-affected households and communities, other stakeholders, notably NGOs, governments and donors should scale up community safety nets without generating a 'crowding out' effect.
- Better coordination is required among NGOs, governments and donors and could be provided through a National AIDS Authority with a multi-sectoral mandate. However, actual programmes and projects should be mainstreamed into sectoral activities, in part to prevent HIV/AIDS exceptionalism.
- Social protection interventions should be designed around impact rather than prevalence rates, and donors, governments and NGOs should ensure an appropriate balance between prevention, care and recovery activities, whatever the prevalence rates.
- Donors and governments should recognise that the HIV/AIDS epidemic will create a long-term welfare bill and find ways of supporting this.

In a review for WFP, Kara Greenblott examines addresses '*Social Protection in an Era of HIV/AIDS: the role of food-based interventions*' (Greenblott, K., 2006) and argues that social safety nets and welfare mechanisms are more accurately described as components of a Social Protection framework. The conclusions include that:

- Recent debates have focused on the need to advance the concept beyond protection and towards actively 'promoting' livelihoods using a 'framework' that draws on both cash and in-kind (such as food-based) social transfers.
- Social Protection systems can be affordable and not only save the poor from destitution, but actually empower them towards self reliance.
- While it is widely recognized that food assistance alone will not address the complex needs of PLHA, affected households and communities, food and nutrition support do have an important role to play within an integrated framework of Social Protection.
- There is a critical need to look at how HIV&AIDS has impacted Social Protection mechanisms in developing countries, and conversely, how new thinking on Social Protection might pave a course towards more effective provision of Social Protection in prevention; care, support and treatment; and mitigation of HIV&AIDS.

In the paper '*Towards Social Welfare Services for All Vulnerable Children in South Africa: A Review of Policy Development, Budgeting and Service Delivery*' (Streak, J and Sasha Poggenpoel, 2005) , Judith Streak and Sasha Poggenpoel take a broader view than focusing on transfers or the payment of social grants and investigate what progress has been made in the social development sector to advance the rights of vulnerable children in South Africa, particularly in programmes grouped together under the term 'social welfare services.' These include interventions where children are victims to or at risk of abuse, neglect or exploitation, children's court services, the running of children's homes, the provision of early childhood development, adoption services, services to provide assistance to children living and/or working on the street, foster care placement and care for children affected by HIV/AIDS.

Geoff Foster's paper on '*Safety nets for children affected by HIV/AIDS in southern Africa*' (Foster, G., 2004) considers the interplay between informal mechanisms provided by the family and the community, and formal support mechanisms provided by the state and NGO sectors. It concludes

with a set of recommendations for ways in which statutory agencies can strengthen family and community safety nets to cope with orphans and other children made vulnerable by HIV/AIDS:

- All the evidence suggests that the traditional fostering systems in Africa, supported by community programmes, will continue to meet most of these children's basic needs, provided that coping mechanisms are not undermined.
- Families and communities cannot alone absorb and support the large numbers of children expected to be left orphaned and vulnerable and they need to be supported to avoid these mechanisms becoming overburdened.
- The current systems, procedures and approaches of case-oriented social welfare provision are, however, inadequate for coping with the future impact of the epidemic and need to be simplified and adapted if they are to protect a significant number of the children left vulnerable by HIV/AIDS.
- State and NGO systems of support for vulnerable children also need to recognise the central role played by families and communities in the provision of care and need to ensure that their systems of support strengthen rather than undermine extended family and community support mechanisms.

UNICEF, 2005, Innovations in Social Protection in Eastern and Southern Africa: reaching the most vulnerable children in the context of HIV and AIDS – an integrated summary report on education, public works and cash transfer programmes. – referenced but can't find paper!

4.3. Microfinance

In the *'Forward-Looking Review: World Vision's Approaches to Integrating Microenterprise Development and HIV/AIDS Response'* for World vision, Jill Donahue, (Donahue, J., 2005) aims to identify the best way(s) forward for the work of WV and its MFI affiliates in the integration of MED and HIV/AIDS response, in preparation for scaling up approaches proven effective and efficient. The report makes recommendations on optimizing effective integration of MED and HIV/AIDS response as well as cross-cutting recommendations such as: harmonizing goals, assisting integrated programmes with an action research agenda; strengthening performance indicators; and analysing cost-effectiveness and cost integration.

Tap and Reposition Youth (TRY) is a multiphase initiative whose overall aim is to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihoods options in low-income slum areas of Nairobi. The project involves the provision of credit to the particular needs of its vulnerable clientele. In an evaluation of the first four phases of the project Erulkar, Bruce, Dondo, Sebstad, Matheka, Banu Khan, and Gathuku recommends some ways ahead for its future (Erulkar, A., et al., 2006). Some points regarding the project's successes and failures include:

- TRY has had a substantial impact on girls' earnings and savings - TRY girls are significantly more likely than girls in the control sample to have savings.
- Although TRY participants were not more knowledgeable than girls in the control sample about reproductive health issues - but they seemed better able to negotiate sexual relationships, TRY girls are more likely than girls in the control sample to be able to insist on condom use and to refuse sex
- TRY's repayment rates were lower than standard - a result of the programme's experimental nature and its focus on learning the best strategic approach and livelihood interventions. Although the programme may not reach operational sustainability, its cost-effectiveness in terms of achieving these benefits is likely to be higher than that of other initiatives for young people.

'Microfinance and Households Coping with HIV/AIDS in Zimbabwe: An Exploratory Study'

by Carolyn Barnes for Horizons (Barnes, C., 2003) was one of the first of its kind to explore the relationships between participation in a microfinance program by micro-entrepreneurs with established businesses and the household's ability to mitigate the economic impacts of chronic illness and death. Recommendations:

- A set of tools should be developed and tested that would permit MFIs and other programs to better estimate HIV/AIDS-affectedness among their clients and target groups.
- MFIs need to consider HIV/AIDS from the standpoint of the organization, its outreach, and its client base. They should focus on ways to manage risks (e.g., mandatory insurance fees) and experiment with measures and services to ameliorate the impact of HIV/AIDS on their target populations. Operations research should be undertaken to determine the feasibility of new programs, services, and products.
- The legal framework for non-banking micro-credit organizations should be changed to enable them to collect voluntary deposits, such as savings and funeral funds.
- A similar study ought to be undertaken in a more stable economic environment. The economic impacts of HIV/AIDS on households and of microfinance on affected clients may thus be more apparent, since these will not be co-mingled with negative macroeconomic factors.

4.4. Food security

Jonathan Rivers, Eva Silvestre and John Mason assess the issue of *'Nutritional and Food Security Status of Orphans and Vulnerable Children'* in a recent IFPRI report (Rivers, J. et al., 2004). They explain that inconsistent findings make it difficult to assess if orphans and other vulnerable children have specific nutritional needs separate from other children. This report looks to answer this question by analysing the present nutritional status of orphans in sub-Saharan Africa by examining a large number of countries in the region. Some key findings include:

- Orphan children were not worse off in terms of anthropometry than other children, after adjusting for age differences, and taking into account the presence of surviving parents in the household.
- Children whose parents were alive, but neither in the household (children being fostered) were consistently better-off in terms of anthropometry than other children.
- Children in institutions were worse-off nutritionally than children residing in households.
- Households with chronically sick members were also found to be more food insecure.
- Anthropometric indicators for children 6-8 years of age did not associate with SES and sanitation variables as they do for children under the age of 5.
- The food security instrument was found to be internally valid and responses from the questionnaire also appeared to correlate well (i.e. be sensitive to) poverty indicators.
- There were clear associations between underweight and stunting in children and food security status of households in Blantyre.
- A much larger percentage of orphans live in households that are classified as food insecure with child hunger.
- 40% of households with more than one orphan were classified as food insecure with child hunger

The report *'Food Security, Livelihoods & HIV/AIDS: Guide to the Linkages, Measurement & Programming Implications'* (Save the Children, 2004) argues that a proposal to undertake programmes to mitigate the impacts of HIV/AIDS on livelihoods should first consider *how* it fits into a broader programme of prevention care and treatment of HIV/AIDS and, second, it should ask whether there are equally pressing food security problems not directly related to HIV/AIDS which also need to be addressed. Empirical evidence to date shows that not all AIDS-affected households are food insecure, and that many unaffected households are food insecure, so the

blanket labelling of AIDS-affected households as in need of food security assistance is inappropriate.

- Targeting of food aid or other emergency interventions is still best done using socio-economic/ wealth criteria rather than demographic or health criteria.

4.5. Education

The report *'The role of education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS'* (UNAIDS, 2004) outlines priority actions for Education and Orphans and Vulnerable Children as:

- To ensure access to education for all, including orphans and vulnerable children, through initiatives such as abolishing school fees, reducing hidden costs and opportunity costs, establishing community networks, and monitoring progress.
- To manage the supply and ensure the quality of education by strengthening education management and information systems, as well as building teacher/administrator HIV/AIDS capacity, and establishing policies and practices to reduce their own risks.
- To expand the role of schools to provide care and support to orphans and vulnerable children through measures such as linking with community social services and networks and coordinating multi-sector and partner involvement.
- To protect orphans and other children made vulnerable by HIV/AIDS by developing policies and practice to reduce stigma and discrimination, as well as sexual abuse and exploitation.

The Mobile Task Team (MTT) on the Impact of HIV/AIDS on Education, of the Health Economics & HIV and AIDS Research Division (HEARD), came out with a report on *'Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection'* in 2005. This review of case studies suggests that

- while all of the programmes studied provide a varying measure of social protection to EMC, the comparative scale of some of these programmes and the lack of coordination with others may limit their impact and value.
- a strategic combination of these (and other) programmes, in an integrated basket of support, is required and would be an important step forward.
- integration of this coordinated response with existing National Plans of Action (NPA) could open the way to a broader scope for OVC and EMC service provision.
- the intersection of interest between education sector policy, HIV and AIDS education sector policy and OVC (or EMC) and confirms that such social protection is indeed the mainstream business of education – particularly in the HIV and AIDS era.
- the education sector is faced with a stark choice: Embrace and mainstream social protection as an integral function of education's mandate or abandon any real prospect of achieving the national and international goals to which the sector has long committed.

The article *'Poverty, HIV and barriers to education: street children's experiences in Tanzania'* (Evans, R., 2002) discusses these links based on the first-hand experiences of 'street children' in northern Tanzania. Within the context of national levels of poverty, 'cost-sharing' in health and education sectors, and the AIDS epidemic, poor families in Tanzania are under considerable pressure, and increasing numbers of girls and boys are consequently seeking a living independently on the streets of towns and cities. My research with street children shows that some children orphaned by AIDS are subject to rejection and exploitation by the extended family after the death of their parent(s). They are exposed to considerable risks of abuse, sexual violence and HIV within the street environment.

The World Bank study *'Poverty, AIDS and Children's Schooling: A Targeting Dilemma'* Ainsworth, M. and Filmer, D., 2002) concludes that orphan status is not a good targeting criterion for

“traditional” programs aimed at raising enrolment rates, since interventions linked solely to the needs of orphans are not likely to create incentives for opportunistic responses to households, as the benefits are not easily shared by other household members.

The World Food Programme report *Widening the 'Window of Hope'* (WFP, 2003) was a study undertaken to better understand the situation of orphans and other vulnerable children, especially their access to education, and to determine the role that food aid might play in helping them.

Though data can vary greatly among countries, overall:

- Orphans appear to be less likely to attend school than non-orphans.
- Resources permitting, it is generally better to target an entire household rather than an individual child, or in the case of a school, to target all students rather than just orphans.
- To minimize related difficulties (e.g. attracting students away from government schools and into community schools), targeting should be done by clustering and should be facilitated through community-based identification mechanisms.

Going into more detail Aulo Gelli, Ute Meir and Francisco Espejo carried out a study for WFP entitled, *'Supporting Girls' Education: A Study of the Impact of WFP Food for Education Programmes on School Enrolment'* (Gelli, A. et al., 2006). This study summarises the findings of WFP's Food for Education (FFE) programmes' impact evaluation surveys, which took place in 32 countries in sub-Saharan Africa (sSA) between 2002 and 2005. Results suggest that:

- FFE had a strong impact on absolute enrolment in WFP-assisted schools.
- during the first year of FFE programmes, the average absolute enrolment increased by 28 percent for girls and by 22 percent for boys.
- the increases in absolute enrolment after the first year of FFE were found to vary substantially by the type of FFE programme.
- In particular, in FFE programmes that combined the provision of take-home rations for girls with on-site feeding for all pupils (as opposed to only on-site feeding programmes), the increase in girls' absolute enrolment was found to be sustained at values of 30 percent year on year.
- In schools assisted with on-site feeding alone, however, the rate of increase in absolute enrolment after the first year of FFE programmes reverted back to rate of increase found the year prior to FFE implementation.
- THRs also appeared to support girls' absolute enrolment in all primary school grades, thus suggesting reduced drop-out of female students particularly in the higher grades.
- Evidence from this study also suggests that schooling infrastructure was scaled-up and improved throughout the course of FFE programmes in WFP-assisted schools.

Whilst not totally convincing of the effectiveness of in-school feeding on enhancing enrolment in the long term, these findings, from analysing large sets of school enrolment data, are consistent with the common objectives of many programmes for take home rations (which tend to include educational access, support to families and carers as well as improved food-security, or livelihoods, through transfers targeting households). However, less is known about exactly how such transfers translate into better school attendance at the household level. Research on this could help improve programmes further, and also potentially assess whether food or cash would make a bigger difference, as well as provide insights for other programmes targeting benefits for children to households.

The UK Consortium on AIDS and International Development developed a paper on 'Addressing the educational needs of orphans and vulnerable children' (Boler, T. and Carroll, K., 2004), based on a consortium meeting in 2003, which describes the educational disadvantage faced by orphans and vulnerable children (OVCs) and summarises a number of educational responses to the concern that orphaned children are dropping out of school at a higher rate than non orphaned children. It focuses on three specific responses:

- open and distance learning: there is a need to adapt existing learning materials for delivery at a distance for children who are out of school. It would prevent them from falling behind when they cannot attend schools and help them re-enter school
- school feeding schemes: some evidence suggests that OVCs are more likely to be tired and hungry at school. School feeding schemes could provide food for the poorest children
- the index for inclusion: many OVCs suffer from stigma and negative treatment. Index for inclusion is a set of materials to guide schools through a process of inclusive school development. It aims to build supportive communities and foster high achievement in all staff and learners.

4.6. Legal reforms

Legal reform was identified as the weakest area in the OVS Programme Effort Index (UNICEF, USAID, Futures, 2004). Of the 36 countries in sub-Saharan Africa included in 2004 only a few countries had reviewed laws and just one reported to have the resources to enforce laws for orphans and vulnerable children.

The paper *'Realising the rights of children growing up in child-headed households: a guide to laws, policies and social advocacy'* (Sloth-Nielsen, J., 2004) presents some of the main legal and policy issues that concern child-headed households in South Africa, looking at the legal rights of those households and the challenges they face. The paper concludes that though new legislation has recently enjoyed the attention of Parliament, the rights of children who are vulnerable to growing up in a child-headed household have not been sufficiently addressed. The piecemeal way that law reform is being tackled leaves gaps and uncertainties. Key points for advocacy and lobbying made in the paper include:

- the implementation of the Promotion of Equality and Unfair Discrimination Act should be monitored to ensure that discriminatory practices related to children living in child-headed households, and those affected by HIV/Aids, are challenged
- Government should be lobbied to change the law that will prevent children heading households who are aged below 16 years from receiving the child support grant on behalf of younger siblings
- Government should be lobbied to develop a food security policy that ensures the rights of children in child-headed households to have access to basic nutrition

In Jacqueline Sealy-Burke paper *'Getting Results: Recommendations for Legal Reforms to Protect Children Affected by AIDS in the Caribbean'*, for the World Bank, she suggests key legal reforms – including some "Quick Wins" – that could contribute to improving the legal protection of children who are orphaned or made vulnerable by AIDS in the eastern Caribbean. Legislative reform recommendations focus on juvenile justice, sexual abuse and exploitation, economic exploitation and financial support and provision. Some key recommendations include:

- enhancing payment of child maintenance to the age of 18;
- ensure education legislation reflects the right to free education from primary to university;
- create Public Assistance Legislation, which amongst other things, creates a special category of entitlement by virtue of orphan status or vulnerability caused by HIV/AIDS.

References

Under the Radar – Community Safety Nets for Children Affected by HIV/AIDS in Poor Households in Sub-Saharan Africa

UNRISD, Geoff Foster, 2005

www.globalaidsalliance.org/docs/Under%20the%20Radar.doc

Review of literature on community safety nets and assesses examples of safety-net functioning, especially in relation to households and children.

Selected resource material concerning children and families affected by HIV/AIDS

John Williamson, Displaced Children and Orphans Fund of USAID, 2006

<http://www.crin.org/docs/Selected%20Resource%20Material%20Concerning%20Children%20and%20Families%20Affected%20by%20HIV%20fpAIDS.pdf>

An updated list of literature and bibliographies concerning children and families affected by HIV/AIDS around the world. Resource topics include education, child headed households, care for children and families, community mobilization and capacity building, socio-economic impact and microeconomic response, evaluation and assessment, costing interventions and national response, situational analysis, law and policy, psychosocial issues, scaling-up and older care providers. Most of the resources are focused on sub-Saharan Africa. (Not annotated)

A review of current literature of HIV/AIDS on children in Sub-Saharan Africa.

Foster, G. & Williamson, J. 2000. AIDS, 14:275-284.

Can't get hold of this.

Impact Assessment/situation analysis

Child Vulnerability and HIV/AIDS in sub-Saharan Africa: What We Know and What Can Be Done

Stuart Gillespie, Amy Norman, Betsy Finley, IFPRI, 2005

<http://www.ifpri.org/Themes/HIV/pdf/gillespieOVCsynth.pdf>

This paper has three parts. First, we briefly review the evidence for the different aspects of vulnerability experienced by children affected by HIV and AIDS. We will build on the work by Foster and Williamson (2000), Birdthistle (2004), and recent material from additional sources. These include commissioned case studies from South Africa, Mozambique and Malawi (Adato et al. 2005; Arndt et al. 2005; Sharma 2005), a regional southern Africa study (Rivers et al. 2004) and relevant papers from the International Conference on HIV/AIDS and Food and Nutrition Security organized by the International Food Policy Research Institute (IFPRI) and held in Durban, South Africa in April 2005. Second, we draw upon the small but growing body of evidence of what works in addressing child vulnerability in the context of HIV and AIDS in order to generate some key principles for policy and programming. Findings/recommendations: The wellbeing of children affected by HIV and AIDS is closely tied to issues of poverty and resource distribution: View poverty holistically, but also through the eyes of a child; Build from the base to ensure local relevance and sustainability: View the OVC challenge as a multisectoral development opportunity. Research gaps: Identify and define the most vulnerable children affected by HIV and AIDS; Keep track of the dynamics, levels and types of vulnerability. Expand research on psychosocial impacts and responses; Improve the quantity and quality of monitoring and evaluation systems.

Understanding the Needs of Orphans and Other Children Affected by HIV and AIDS in Africa

Isolde Birdthistle, Support for Analysis and Research in Africa, (SARA) project, USAID, 2004

<http://www.aidsportal.org/store/231.pdf>

This review was undertaken to summarize the findings that represent the most current understanding (i.e., the state-of-the-art) of children's vulnerability due to AIDS, in order to: capture what is known and not yet known about the impact of HIV and AIDS on the survival, health, education, social and emotional needs of children; identify the content gaps and methodological limitations of existing research; suggest priorities for future research; and inform programmatic and political responses. Findings show that orphan-hood is compounded by: biological, economic and emotional pathways. Research gaps and challenges show that: often only those up to 15 have been studied, missing out on longer lasting effects and secondary education; contradictory findings as a result of context specific experiences; inconsistencies as a result of lack of researcher collaboration (i.e. across health and education). Experience shows that families and communities are the main sources of child welfare in sub-Saharan African contexts. Solutions are sought to build their ability to protect children from the effects of AIDS. To contribute, research must better capture the meaning and dynamics of family and community.

National Response to Orphans and other Vulnerable Children in sub-Saharan Africa: The OVC Programme Effort Index, 2004

UNAIDS, USAID, Futures

http://info.worldbank.org/etools/docs/library/164047/pdf/OVC_Programme_Effort_Index_Draft_Report_24Sept04.doc

UNICEF, USAID, and the Futures Group developed the OVC Programme Effort Index to measure effort in the response to the needs of the increasing numbers of orphans and children made vulnerable to HIV/AIDS. The index is designed to provide a current profile of national effort and a measure of change over time. The OVC-Index was applied to 36 countries in sub-Saharan Africa in 2004. Respondents were also asked to reflect on the situation 3 years before (2001) at the time of the UN General Assembly Special Session on HIV/AIDS (UNGASS).

Legislative review is the weakest area. Only few countries had reviewed laws and just one country reported to have the resources to fully enforce special laws for orphans and other children made vulnerable by HIV/AIDS. Another weak area is monitoring and evaluation. In the majority of the countries no monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS is currently being undertaken. The development of a widely adopted policy specific for orphans and other vulnerable children is another challenge for most countries. The OVC Effort Index survey shows clearly that all countries have some organized efforts to respond to the needs of orphans and other vulnerable children. Most countries have established a coordination mechanism and organized a national consultation to discuss the situation of these children. However, the average score for sub-Saharan Africa was just 48 per cent of the maximum effort and only five countries scored 70 or above. There is considerable room for improvement in all countries. The challenge is to build and expand on current efforts and the commitment expressed by governments to assure that the needs of the growing number of children orphaned and made vulnerable by the epidemic are addressed

Conducting a Situation Analysis of Orphans Vulnerable Children Affected by HIV/AIDS: framework and resource guide (tool)

John Williamson, Adrienne Cox Beverly Johnston

USAID 2004

http://hivaidsclearinghouse.unesco.org/file_download.php/conducting+a+situation+analysis.pdf?URL_ID=3373&filename=10782257951conducting_a_situation_analysis.pdf&filetype=application%2Fpdf&filesize=856825&name=conducting+a+situation+analysis.pdf&location=user-S/

This framework and resource guide is intended to help people involved in programs assisting orphans and vulnerable children conduct a situation analysis. It is hoped that this guide will bring about a better understanding of the essential elements and outcomes of a situation analysis in order to promote realistic, effective, and feasible interventions to protect and improve the well-being of the children and families who bear the greatest impact of the AIDS epidemic. The guide serves as a tool for collecting and synthesizing in-country and sub-national information. Examples of situation analyses and related research are provided throughout the document to draw upon the variety of approaches, and their components, that communities and institutions have undertaken to assess their particular situation.

Frameworks/Major reports

The Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS

UNICEF, 2004

<http://www.aidsportal.org/store/647.pdf>

This framework for the protection, care and support of orphans and vulnerable children was drawn up in collaboration with development practitioners and representatives from a broad array of governmental agencies, faith-based and non-governmental organizations, academic institutions, the private sector and civil society. The framework is based on lessons learned over many years. It considers families and communities as the foundation of an effective, scaled-up response. Children, too, can be powerful agents of change, a role that enhances their confidence and self-esteem as they become partners in the fight against HIV/AIDS. In addition, the framework recommends that interventions that result from it be directed to all vulnerable children and the communities in which they reside, and integrated into other programmes to promote child welfare and reduce poverty. Targeting children living with HIV or AIDS or orphaned as a result of it will only serve to exacerbate the stigma and discrimination against them. **Outlines 5 broad areas of action:** Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support; Mobilize and support communitybased responses: Ensure access for orphans and vulnerable children to essential services, including education, health care and birth registration: Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities: Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

Reaching Out to Africa's Orphans: A Framework for Public Action

Kalanidhi Subbarao and Diane Coury, World Bank, 2004

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/ReachingOuttoAfricasOrphans.pdf>

The purpose of this study is to provide an overview of the issues pertaining to orphans and vulnerable children (OVC) and, based on the available evidence on interventions, offer some guidelines on the approaches and interventions that best mitigate or cope with the many risks and vulnerabilities confronted by them. It finds that community driven interventions at the household level appear to be the most costeffective, and formal orphanages appear to be prohibitively expensive. Chapter 6 provides an illustrative road map of the kinds of issues that one needs to confront, underscoring the point that much depends on the individual country situation.

Third global partners forum on children affected by HIV and AIDS

Meeting Report, February, 2006

<http://www.aidsportal.org/repos/Global%20Partners%20Forum%202006%20Mtg%20Rpt.pdf>

This is the report of the Third Global Partners Forum on Children affected by AIDS, which was co-hosted by UNICEF and the UK Government in London. The report makes a number of specific recommendations for addressing the blockages to universal access to prevention, treatment, care and support for children affected by AIDS. The recommendations focus on issues related to birth registration, social welfare systems, access to education, prevention and treatment services for children, integrating a multisectoral response for children affected by AIDS into development instruments, strengthening the capacity of civil society and strengthening monitoring and evaluation of the response.

Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS

UNICEF, UNAIDS and PEPFAR, 2006

<http://www.crin.org/docs/Africas%20Orphaned%20and%20Vulnerable%20Generations%20Children%20Affected%20by%20AIDS.pdf>

This report sets the scene and outlines the current situation and key issues (builds on 2004 framework). It argues that the implications of the AIDS epidemic for generations of orphans and vulnerable children in sub-Saharan Africa are serious, but governments, international agencies, non-governmental organizations and community groups can alter the course of the response. Some challenges can be addressed by providing support to caregivers, extended families and communities. Others, including equitable access to education and health, birth registration, foster care and inheritance legislation, also require commitment and intervention from governments. In recent years, there has been a surge in leadership and resources for them fight against AIDS. In 2005, approximately \$8.3 billion was available for responding to the epidemic. While a long-needed influx of funds has great potential for improving the lives of millions of children affected by the disease, the multisectoral nature of HIV response makes tracking difficult at the country level, so it is not known what percentage of this money is specifically helping children.

Canada, Sweden and the UK: A Joint Institutional Approach Working together with UNICEF for the World's Children

DFID, CIDA, SIDA, UNICEF, 2006

<http://www.dfid.gov.uk/pubs/files/unicef-joint-approach-0609.pdf>

Canada, Sweden and the UK have agreed to join efforts to support UNICEF in delivering results for children. This Joint Institutional Approach (JIA) focuses on priority areas of work which we believe will strengthen. UNICEF's MTSP concentrates on five focus areas: 1) young child survival and development; 2) basic education and gender equality; 3) HIV/AIDS and children; 4) child protection; and, 5) policy advocacy and partnerships for children's rights

Care for orphans, children affected by HIV/AIDS and other vulnerable children a strategic framework

FHI, 2001

<http://www.fhi.org/NR/rdonlyres/e7tlfxscaediyd3udgnttghmzp3jks4bzmjqujncru4nyoi7cfrcuqstrj7djufcu5qfvw3mm3ko/ovcstrategy.pdf#search=%22Foster%2C%20G.%20%26%20Williamson%2C%20J.%202000.%20A%20review%20of%20current%20literature%20of%20HIV%2FAIDS%20on%22>

This document provides a strategic framework to assist national and local planners, implementers, and donors in setting priorities, and outlines the steps necessary to develop responsive care and support programs for orphans, children affected by AIDS and other vulnerable children. It also elaborates on the role that FHI can play in this effort. (FHI programming principles and approach)

National Policy

National Plan for Action for Orphans and other Children Made Vulnerable by HIV/AIDS in Jamaica, 2003 - 2006

Child Development Agency, Ministry of Health 2003

http://hivaidsclearinghouse.unesco.org/file_download.php/jamaicacomplete.pdf?URL_ID=3240&filename=10748689331jamaicacomplete.pdf&filetype=application%2Fpdf&filesize=1118917&name=jamaicacomplete.pdf&location=user-S/

This document represents the National Plan of Action for Orphans and Other Children Made Vulnerable by HIV/AIDS in Jamaica, 2003-2006. It is designed to support the Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006 (JHANSP), respond to the needs of the National Plan of Action for Children, and address pressing issues for improving the quality of life for orphans and other children made vulnerable by HIV/AIDS (OVC) in Jamaica. Background on the status of the AIDS epidemic in the region and in Jamaica, as well as the status of the national response, is amply documented in the National Strategic Plan. As such, this document focuses on issues facing OVC and their caregivers in Jamaica, mindful of the cultural, social, economic and infrastructural realities.

Policy framework for orphans and other children made vulnerable by HIV and AIDS South Africa

Ministry of Social Development, South Africa / The New Republic Online , 2005
<http://www.cindi.org.za/publications/Policy-Framework-for-OVC-Final.pdf>

This document lays out South Africa's Policy Framework for orphans and children made vulnerable by HIV and AIDS. The framework reflects the collective commitment of government, faith-based organisations, community-based organisations, civil society and the business sector and serves as a guiding tool to all people involved in HIV and AIDS and the children's sector. It seeks to reinforce the existing commitments and efforts to create a supportive and enabling environment for children.

The six key strategies, which will assist in developing comprehensive, integrated and quality responses for orphans and other vulnerable children at programmatic level are:

- strengthen and support the capacity of families to protect and care
- mobilise and strengthen community-based responses for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS
- ensure that legislation, policy; strategies and programmes are in place to protect the most vulnerable children
- assure access for orphans and children made vulnerable by HIV and AIDS to essential services
- raise awareness and advocate for the creation of a supportive environment for OVC
- engage the civil society sector and business community in playing an active role to support the plight of orphans and children made vulnerable by HIV and AIDS

PRSPs

Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS?

Bonnell, R.; Temin, M.; Tempest, F. World Bank; UNICEF 2004

http://www.unicef.org/publications/files/Poverty_Reduction_Strategy_Papers_EY_final.pdf

The results of the desk review show that the PRSP process has started to add value by bringing HIV/AIDS into national poverty planning processes, but progress in transforming stated objectives into actual programmes is slow. PRSP planned actions are often not backed up with indicators and budgets, which creates a significant risk of implementation slippage. Of particular concern is the fact that the situation of orphans and vulnerable children receives little attention in PRSPs and National Strategic Plans, despite the large magnitude of the problem in some countries. This is alarming given that a serious response for children orphaned or made vulnerable by HIV/AIDS requires long-term government commitment that is embedded in multi-sectoral poverty reduction efforts.

PRSPs could do more to promote action for children and young people affected by HIV/AIDS by building on the strengths of their principles and approaches. First, given the links between HIV/AIDS and poverty, interventions should be directed at reducing the HIV/AIDS-related causes and consequences of poverty. This concerns particularly young people and children orphaned or made vulnerable by the pandemic. Second, PRSPs can play a strong role in enhancing the HIV/AIDS response. Strengthening the links between HIV/AIDS programmes and governments' annual budgets would help accelerate the implementation of the HIV/AIDS response. Building stronger links between PRSPs and National Strategic Plans on HIV/AIDS Plans is a key prerequisite.

Third, country ownership of PRSPs should be enhanced. Because the scope of PRSP programmes goes beyond the government budget to concern civil society, various stakeholders should play an increased role in the formulation of programmes and the monitoring of their

implementation. Establishing an effective partnership among governments and civil society organizations is therefore critical.

Legal reforms

Getting Results: Recommendations for Legal Reforms to Protect Children Affected by AIDS in the Caribbean

Jacqueline Sealy-Burke, World Bank, 2006

These notes suggests key legal reforms – including some "Quick Wins" – that could contribute to improving the legal protection of children who are orphaned or made vulnerable by AIDS in Grenada, Guyana, Saint Lucia, and Saint Vincent and the Grenadines. Legislative reform recommendations focus on juvenile justice, sexual abuse and exploitation, economic exploitation and financial support and provision. Some key recommendations include: enhancing payment of child maintenance to the age of 18; ensure education legislation reflects the right to free education from primary to university; and create Public Assistance Legislation, which amongst other things, creates a special category of entitlement by virtue of orphan status or vulnerability caused by HIV/AIDS.

Grenada:

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/LegalReformRecomm-OVC-GRENADA-July24.pdf>

Guyana

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/LegalReformRecomm-OVC-GUYANA-July24.pdf>

St. Lucia

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/LegalReformRecom-OVC-StLucia.pdf>

St. Vincent and the Grenadines

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/SaintVincentGrenadine.pdf>

Realising the rights of children growing up in child-headed households: a guide to laws, policies and social advocacy

Sloth-Nielsen, J. / Community Law Centre, University of the Western Cape , 2004

http://www.communitylawcentre.org.za/ser/docs_2004/Child-headed-households_1.pdf

This paper presents some of the main legal and policy issues that concern child-headed households in Africa, looking at the legal rights of those households and the challenges they face. It highlights areas that advocacy can promote a better legal framework, lobby for greater access to grants for poor children, and overcome barriers that child headed households face. A key aim of this publication is to stimulate future advocacy initiatives.

The paper includes the following:

- review of the international law
- discusses how the legal rights of vulnerable children are dependent on government's constitutional obligations
- looks at legislative and policy frameworks that have been established to steer government's responses to child-headed households and the HIV/Aids pandemic
- reflects on the law reform processes underway that can help vulnerable children gain access to resources, and that can address some of the existing legal gaps - there is still a lot of scope for lobbying to secure a better deal for children

- discusses specific issues relevant to realising children's socio-economic rights in the context of child-headed households, including birth registration, accessing education and health care
- highlights areas of concern where strategic advocacy can potentially play a role.

The paper concludes that though new legislation has recently enjoyed the attention of Parliament, the rights of children who are vulnerable to growing up in a child-headed household have not been sufficiently addressed. The piecemeal way that law reform is being tackled leaves gaps and uncertainties. Also, while policy advances have been made to roll out community-based care and protection to children in child-headed households, there are many weaknesses in service delivery.

Key points for advocacy and lobbying made in the paper include:

- the implementation of the Promotion of Equality and Unfair Discrimination Act should be monitored to ensure that discriminatory practices related to children living in child-headed households, and those affected by HIV/Aids, are challenged
- Government should be lobbied to change the law that will prevent children heading households who are aged below 16 years from receiving the child support grant on behalf of younger siblings
- Government should be lobbied to develop a food security policy that ensures the rights of children in child-headed households to have access to basic nutrition

Social protection

Strengthening national responses to children affected by hiv/aids: what is the role of the state and social welfare in Africa? ****

Maia Green, Background paper for Wilton Park Conference, 2005

http://www.globalaidsalliance.org/docs/UNICEF_Wilton_Park_2005.pdf#search=%22Maia%20Green%20wilton%20park%22

This paper provides an overview of the situation of children affected by AIDS, with special emphasis on sub-Saharan Africa; outlines the strengths and weaknesses of current policy responses to children affected by HIV and AIDS and the role of different institutions in implementation; and explores some of the opportunities for children affected by HIV and AIDS presented by recent innovations in social welfare programming in low income settings.

Building livelihoods opportunities for OVCs: workshop report, 20 & 21 April 2006

United Nations and Partners' Alliance on Orphans and Vulnerable Children (OVCs), Sustainable Livelihoods and social protection, 2006 (unpublished?) (From Kate Harrison)

Applying a sustainable livelihoods framework to social protection for OVCs. Document reviews workshop proceedings, including: establishing terms, is social protection lens useful; lessons from social protection; lessons on programming in Caprivi, Namibia; linking national work and this alliance; and identifying national plans.

Children 'in need of care' or in need of cash? Questioning social security provisions for orphans in the context of the South African AIDS pandemic

Meintjes, H.; Budlender, D.; Giese, S.; Johnson, L., Children's Institute and Centre for Actuarial Research, University of Cape Town, 2003

http://hivaidsclearinghouse.unesco.org/file_download.php/Foster+Care+paper+-+final.pdf?URL_ID=3347&filename=10777888521Foster_Care_paper_-_final.pdf&filetype=application%2Fpdf&filesize=798426&name=Foster+Care+paper+-+final.pdf&location=user-S/

In the face of international pressure and local concern regarding the repercussions of the AIDS pandemic for children in South Africa, as well as the review underway of both social assistance and children's legislation in the country, there is much debate regarding appropriate social security provision for children in the context of HIV/AIDS. To date, the focus has primarily been on exploring

different mechanisms for the provision of cash grants to children who have been orphaned. This includes encouragement by the State of the use of the formal foster care system to address the poverty-related needs of orphans, as well as consideration of alternatives recommended by the South African Law Reform Commission in their redrafting of the Children's Bill.

However, drawing on a combination of primary research and demographic projections, and by costing a range of different social security scenarios, this paper argues against the provision of grants for orphans as a category of children distinct from other children. It argues that, given the pervasiveness of poverty across South Africa's child population, a social security system that directs interventions on the basis of children's orphanhood mistargets crucial resources; is inequitable; is located in questionable assumptions about children's circumstances; risks further overburdening the child protection system; and is not, as a whole, a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance.

This paper argues therefore that the most equitable, accessible and appropriate mechanism for supporting children in the context of the AIDS pandemic would be through the extension to all children of the Child Support Grant mechanism that is currently in place, and for the means test that restricts children's access to be removed. Progressive implementation of a universal Child Support Grant should be based not on providing grants in the interim to particular categories of children (such as orphans) but rather on drawing more impoverished children – irrespective of their parental circumstances – into the social security 'safety net'.

1.1.1 Child Protection and Children Affected by AIDS: A Companion Paper to The Framework

UNICEF, CIDA and many Partner Organizations, 2006

[http://www.crin.org/docs/Child%20Protection%20and%20Children%20Affected%20by%20AIDS%20\(Final\).pdf](http://www.crin.org/docs/Child%20Protection%20and%20Children%20Affected%20by%20AIDS%20(Final).pdf)

This companion paper to The Framework provides additional information and outlines recommended actions for protecting affected children from increased vulnerability, and for reducing the higher risks they face of abuse, exploitation and neglect. While this paper discusses the protection issues facing children globally, its actions speak directly to the findings of the publication, Africa's Orphaned and Vulnerable Generations: Children affected by AIDS, which incorporates new research on the vulnerability of orphans in the region hit hardest by the pandemic.

All children have a right to protection. A child whose family is wealthy can still be raped or beaten. A girl in a loving family may still be married against her will when this is the social norm. Nevertheless, the risks for children increase when they or their families are poor, lack access to basic services, or are stigmatized within their communities. Parents are children's first line of protection; risks increase when parents are absent due to illness, death or abandonment. Children affected by AIDS are particularly vulnerable to protection violations because these problems are more likely to cluster in their lives. Reaching this group of children can be difficult because they may be hidden from view due to the stigma around HIV and AIDS. Children affected by AIDS share many vulnerabilities with children who have disabilities, children who are discriminated against due to the colour of their skin or children who have lost their parents as a result of armed conflict.

Protecting children affected by AIDS requires strengthening national and community-level responses for all vulnerable children. Governments, civil society and their partners can make real progress towards this goal by enhancing social protection, legal protection and justice and alternative care. This work must be underpinned by efforts to address the silence and stigma that allow both HIV- and AIDS-related discrimination, abuse and exploitation of children to continue. It also requires strengthening government authorities that hold the bulk of responsibility for protection, to more effectively provide oversight and coordination. This responsibility often falls to government social welfare agencies, but may also include health, education and other agencies.

Towards Social Welfare Services for All Vulnerable Children in South Africa: A Review of Policy Development, Budgeting and Service Delivery

Judith Streak and Sasha Poggenpoel, IDASA, 2005

<http://www.crin.org/docs/Towards%20Social%20Welfare%20Services%20for%20all%20Vulnerable%20children%20in%20South%20Africa.pdf>

The purpose of this paper is to investigate and help shed light on what progress has been made in the social development sector - besides the payment of social grants - to advance the rights of vulnerable children in South Africa. More specifically, it focuses on those programmes and interventions that may be grouped together under the term 'social welfare services.' The kind of services that traditionally form part of this area of work include, to name but a few examples, interventions (including children's court services) where children are victim to or at risk of abuse, neglect or exploitation, the running of children's homes, the provision of early childhood development, adoption services, services to provide assistance to children living and/or working on the street, foster care placement and care for children affected by HIV/AIDS. The services under the spotlight in this paper are critical because they represent some of government's main strategies and actions (delegated to the departments of social development) to provide protection and care for the most vulnerable children in our society.

The approach adopted in this paper is to provide an overview of government policy and budgeting for social welfare services, also highlighting some of the current obstacles to service delivery. Then, to use this overview as a basis for drawing out key challenges that need to be addressed so that all vulnerable children gain access to the social welfare services which they need and to which they are entitled. While children are the primary focus of the paper, it is important to recognise that they form part of families and communities. Their rights and needs cannot be understood in isolation. It is also impossible to access budget data on social welfare that is child-specific. So while children represent a special interest throughout the paper, the discussion is framed by the more general context of social welfare services

UNICEF, 2005, Innovations in Social Protection in Eastern and Southern Africa: reaching the most vulnerable children in the context of HIV and AIDS – an integrated summary report on education, public works and cash transfer programmes. – **referenced but can't find paper!**

Strengthening national responses to children affected by HIV/AIDS: what is the role of the state and social welfare in Africa?

Wilton park conference Report, 2005

<http://www.wiltonpark.org.uk/documents/conferences/WPS05-30/pdfs/WPS05-30.pdf>

Conclusions from the meeting include:

Social funds are not a replacement for social policy

- Capacity is not about people only but about building the right institutions which are fit for purpose in the longer term
- Policy must start from the question of what outcomes we want and for whom and then design instruments and institutions accordingly
- Support to civil society may have resulted in the re-direction of valuable resources away from where they would be of most benefit
- The challenge is to turn commitments into action
- There needs to be a move, as a community, from rights to resources
- More direct policies are the key to better outcomes, for example, not relying solely on economic growth and trickle down.
- Social policy is rarely budgeted for
- Social impacts are ends in themselves
- There is a need to move social policy upstream.
- Harmonised social policy is not simply about aligning sectors.
- Investments need to be made in the right places and this matters more than the size of the investment.
- Fragmentation may have substantial costs

Social Protection of Africa's Orphans and Other Vulnerable Children

Subbarao K, Mattimore A, Plangeman K., World Bank, 2001

http://hivaidsclearinghouse.unesco.org/file_download.php/African+Orphans+Subbarao+et+al.pdf?URL_ID=1484&filename=10410008280African_Orphans_Subbarao_et_al.pdf&filetype=application%2Fpdf&filesize=325868&name=African+Orphans+Subbarao+et+al.pdf&location=user-S/

This paper reviews these and other initiatives of governments, NGOs, and the World Bank, with a view toward delineating good practices. Designing and implementing appropriate interventions to protect orphans in Africa is a daunting task. This paper examines some of the issues in program design, especially those bearing on targeting. It also assesses the advantages, disadvantages, and costeffectiveness of various program interventions, including education and health subsidies, fostering, orphanages, and children's villages. The following conclusions emerge from the reviewed evidence: aids has already exhausted traditional coping methods; "Fostering" of orphans by relatives is more attuned to the African sociocultural milieu than most other options; fostering may work well in post-conflict contexts; direct and indirect subsidies will play a role in fostering; widespread orphaning may need institutional responses, but large orphanages should be a last response.

Orphans and other vulnerable children: what role for social protection?

Levine, A. World Bank Human Development Network, 2001

<http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Safety-Nets-DP/0126.pdf#search=%22Orphans%20and%20other%20vulnerable%20children%3A%20what%20role%20for%20social%20protection%3F%2C%22>

This report records the proceedings of the conference Orphans and Other Vulnerable Children: What Role for Social Protection? Building community capacity will constitute the centerpiece of any feasible response. Despite their potential, and in many cases their necessity, community-based approaches should not be romanticized. Whatever form they take, programs must spread and scale up to address the vast, and growing, need. Considering the resource constraints under which all affected governments and agencies operate, interventions must target vulnerable groups effectively. Too narrow targeting can precipitate harmful stigmatization of program recipients and fracture communities and households. Too broad targeting can diffuse impact. Community targeting approaches, in which communities identify vulnerable children and choose program beneficiaries, can reduce stigma and enhance sustainability, though they can also introduce bias and leakage. In all forms, targeted interventions unleash often-unintended behavior changes as households respond to the incentives they create. Predicting these responses, and ameliorating their negative impacts, is an important task for policy planners.

The implications of HIV/AIDS for social protection

Rachel Slater (ODI), for DFID, 2004

http://www.odi.org.uk/Africa_Portal/pdf/social_protection/HIV.pdf#search=%22odi%20social%20protection%20hiv%22

This paper makes the following policy conclusions and recommendations:

- Singling out the HIV/AIDS epidemic as a special and unique kind of crisis can be useful for directing resources and political attention towards dealing with the impacts of the epidemic. However, actual activities focusing on HIV/AIDS mitigation and coping should be part of larger programmes (for example those dealing with chronic illness or food security).
- Except in very specific circumstances, social protection mechanisms should target vulnerable people in order to reduce risks, some of which are the result of HIV/AIDS and some of which have other sources, rather than people affected by HIV/AIDS specifically/only.
- Support should be targeted to households and not just individuals, because of the problems that emerge when an AIDS patient dies and because, since it is generally orphans left behind, household recovery options are severely hampered.
- Direct targeting of HIV/AIDS orphans, as opposed to other orphans, raises equity and social justice problems and is, in many cases, inappropriate. HIV/AIDS orphans should be supported alongside other orphans who have similar needs, for example, with alternative curriculum and training at school to help them take on adult roles and responsibilities.

- Food for work (FFW) and cash for work (CFW) programmes can be appropriate for HIV-positive but asymptomatic people, but these should be in parallel with other transfers, notably food and cash, for households that are labour constrained through morbidity or mortality effects. Running FFW and CFW programmes in parallel with food and cash transfers is important in preventing children, especially orphans, from being forced into labour markets.
- Innovations in microfinance to support HIV/AIDS-affected and other vulnerable households should be encouraged, accompanied by a careful consideration of the embedded inequalities in communities that may result in exclusion of HIV/AIDS-affected households.
- Various institutions have a role to play in contributing to or implementing safety nets. Outside HIV/AIDS-affected households and communities, other stakeholders, notably NGOs, governments and donors should scale up community safety nets without generating a 'crowding out' effect. Partnerships among NGOs, governments and donors are crucial in this respect.
- Better coordination is required among NGOs, governments and donors and could be provided through a National AIDS Authority with a multi-sectoral mandate. However, actual programmes and projects should be mainstreamed into sectoral activities, in part to prevent HIV/AIDS exceptionalism.
- Social protection interventions should be designed around impact rather than prevalence rates, and donors, governments and NGOs should ensure an appropriate balance between prevention, care and recovery activities, whatever the prevalence rates.
- Donors and governments should acknowledge the policy choices that are made between fixed-life projects that promote people's livelihoods through economic growth, and recurrent expenditure on social protection for households that cannot contribute to, and are unlikely to benefit from, economic growth. They should recognise that the HIV/AIDS epidemic will create a long-term welfare bill and find ways of supporting this.

Social Protection in the Era of HIV&AIDS: Examining the Role of Food-Based Interventions

Kara Greenblott., WFP, 2006

Can't find link (but you have copy of this paper)

The paper breaks down the terminology and conceptual thinking around Social Protection, and explains that while the terms are often used interchangeably, social safety nets and welfare mechanisms are more accurately described as components of a Social Protection framework. Social Protection mechanisms might include anti-discrimination legislation, contributory insurance schemes, pensions for the elderly and disabled, grants to orphan carers, food stamp programmes, school feeding, and a litany of other interventions.

ü Whereas Social Protection approaches have traditionally sought to 'protect' the livelihoods of vulnerable groups, recent debates have focused on the need to advance the concept beyond protection and towards actively 'promoting' livelihoods using a 'framework' that draws on both cash and in-kind (such as food-based) social transfers.

ü Attitudes persist that Social Protection systems are costly, inefficiently-managed state mechanisms that do little more than breed idleness and dependency. However, evidence is mounting to show that Social Protection systems can be affordable and not only save the poor from destitution, but actually empower them towards self reliance.

ü The impact of the HIV&AIDS pandemic on both demand and supply of Social Protection has been enormous, and prompts the question, 'How much can we expect existing Social Protection systems to absorb the current and future impact of HIV&AIDS?'

ü While it is widely recognized that food assistance alone will not address the complex needs of PLHA (and affected households and communities), food and nutrition support do have an important role to play within an integrated framework of Social Protection.

ü There is a critical need to look at how HIV&AIDS has impacted Social Protection mechanisms in developing countries, and conversely, how new thinking on Social Protection might pave a course towards more effective provision of Social Protection in prevention; care, support and treatment; and mitigation of HIV&AIDS.

Safety nets for children affected by hiv/aids in southern africa

Geoff Foster, 2004

<http://www.issafrika.org/pubs/Monographs/No109/Chap4.pdf#search=%22Cash%20subsidies%20for%20children%20affected%20by%20HIV%2FAIDS%22>

This paper considers the interplay between informal mechanisms provided by the family and the community, and formal support mechanisms provided by the state and NGO sectors. It concludes with a set of recommendations for ways in which statutory agencies can strengthen family and community safety nets to cope with orphans and other children made vulnerable by IV/AIDS. Conclusion: Despite large increases in orphan numbers, surprisingly small numbers of children have, up to now, slipped through the safety net provided by the extended family. Provided that coping mechanisms are not undermined, all the evidence suggests that the traditional fostering systems in Africa, supported by community programmes, will continue to meet most of these children's basic needs. Indeed, families and local communities are the frontline of the HIV/AIDS epidemic's impact and have demonstrated remarkable resilience and creativity in addressing the myriad needs of affected children. Given the extent of the HIV/AIDS epidemic, however, families and communities cannot alone absorb and support the large numbers of children expected to be left orphaned and vulnerable by the epidemic. They need to be supported to avoid these mechanisms becoming overburdened. The current systems, procedures and approaches of case-oriented social welfare provision are, however, inadequate for coping with the future impact of the epidemic and need to be simplified and adapted if they are to protect a significant number of the children left vulnerable by HIV/AIDS. State and NGO systems of support for vulnerable children also need to recognise the central role played by families and communities in the provision of care and need to ensure that their systems of support strengthen rather than undermine extended family and community support mechanisms.

Cash/Social transfers

Making cash count: lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households

Devereux, S.; Marshall, J.; MacAskill, J.; Pelham, L.; Help Age International; Save the Children UK / Institute of Development Studies (IDS), Sussex, UK ,2005

<http://www.ids.ac.uk/ids/pvty/pdf-files/MakingCashCountfinal.pdf>

This study reviews unconditional cash transfers in 15 countries of east and southern Africa. It examines four programmes in more depth, in Ethiopia, Lesotho, Mozambique and Zambia, with an emphasis on design issues such as cost-effectiveness, accuracy of targeting, delivery modalities, institutionalisation and potential for scaling up. It presents lesson-learning across countries and different types of programmes, discusses how to make cash transfers work for the most vulnerable children and considers the key issues and recommendations for scaling up schemes to increase their impact and make cash count for the poorest.

The authors recommend that schemes need to be improved, or designed, in a number of ways:

- Cash transfers should be integrated into a comprehensive package of context-specific social protection interventions
- Pilot projects should be scaled up and institutionalised within government structures
- Partnerships should be built for effective delivery by involving government, donors, NGOs, the private sector and communities. The need to invest in management capacity should not be underestimated
- a predictable cash transfer is a "social contract" between a government and citizens that must be upheld, not just another donor-driven experiment to be abandoned when the project cycle ends.

The authors also show that achieving multiple impacts with a cash transfer involves linking their delivery with the delivery of basic services, such as an immunisation drive, HIV and AIDS awareness, or nutrition education, or complementary services, e.g. banking. For child wellbeing, cash transfers are a key economic intervention as part of a range of social protection measures

that includes access to and quality of health, education and other services for all children, child protection and psychosocial support.

UNICEF/Government of Kenya (GOK), 2005, Cash subsidies for children affected by HIV/AIDS background Paper on pre-pilot initiative, April 2005, unpublished- can't find paper but referenced in lots of places

Social transfers and chronic poverty; emerging evidence and the challenge ahead

DFID practice paper, 2005

www.dfid.gov.uk/pubs/files/social-transfers.pdf

Issues in social transfers - Political support and country ownership will have to be built up; governments need to make policy choices; Social transfers should be integrated within a strategic social protection framework which is then incorporated into the national poverty reduction strategy (PRS); in many countries, the capacity to implement social transfer programmes is weak. Therefore, countries – with the support of donors – should be prepared to invest significantly in building up the capacity of their institutions and staff if social transfers are to be delivered effectively; it will be critical to ensure good targeting of beneficiaries. delivering cash to beneficiaries can present a significant challenge; experience suggests that social transfers can be implemented in countries with challenging environments, such as post-conflict states, and can play a key role in strengthening the social contract. In summary, the evidence suggests that social transfers may have a role in contributing to a range of MDGs in very poor countries. But it is difficult to draw definitive conclusions given the absence of national social transfer programmes in most of these countries. Nonetheless, there is a strong case for continuing engagement by the international community.

Using social transfers to improve human development

SOCIAL PROTECTION BRIEFING NOTE SERIES, NUMBER 3

DFID, 2006

[http://www.dfid.gov.uk/pubs/files/social-transfers-](http://www.dfid.gov.uk/pubs/files/social-transfers-brief.pdf#search=%22Cash%20Subsidies%20for%20Children%20Affected%20by%20HIV%20FAI)

[brief.pdf#search=%22Cash%20Subsidies%20for%20Children%20Affected%20by%20HIV%20FAIDS%20%E2%80%93%20Background%20paper%20on%20the%20pre-pilot%20and%22](http://www.dfid.gov.uk/pubs/files/social-transfers-brief.pdf#search=%22Cash%20Subsidies%20for%20Children%20Affected%20by%20HIV%20FAIDS%20%E2%80%93%20Background%20paper%20on%20the%20pre-pilot%20and%22)

This note provides an introduction to how social transfers – particularly cash transfers and vouchers – can improve human development, especially for the extreme poor and socially excluded. Drawing on social protection and demand-side financing literature, it outlines:

- Evidence that investment in social transfers can make scaled up investments in education and health more effective and equitable
- The need to balance demand-side and supply-side action
- Key considerations in choosing social transfer instruments for human development
- Where the evidence base needs strengthening

This briefing seeks to encourage policy coherence and programme complementarity between education and health sectors, and social protection. It is written primarily for programme managers and advisers leading on DFID's engagement with education and health sectors, AIDS and social protection. This note complements the DFID practice paper (2005) Social Transfers and Chronic Poverty. A background paper provides further information.

Child Poverty and Cash Transfers

Armando Barrientos & Jocelyn DeJong, Childhood poverty research and policy centre, 2004

<http://www.childhoodpoverty.org/index.php?action=documentfeed/doctype=pdf/id=84/>

This report examines the role of cash transfers in the reduction of child poverty in developing and transition countries. Recent evidence from transition and developing countries suggests that different kinds of targeted cash transfers can make a significant contribution in reducing poverty and vulnerability among children and their households. In countries with growing numbers of orphans and child-headed households, ensuring that vulnerable children without adult support receive cash transfers is an urgent policy challenge.

The report reviews different types of cash transfers and concludes that income supplements and minimum guaranteed incomes are likely to have the greatest poverty reduction impacts. Furthermore, programmes that integrate cash transfers with other key services are likely to have the strongest impacts on child wellbeing. To be most effective, cash transfers need to be part of wider anti-poverty policy that enhances poor people's economic opportunities. Though some poor countries have fully financed cash transfer programmes, in many, medium-term international support will be needed

<http://www.childhoodpoverty.org> – there is quite a lot on child poverty/social protection/cash transfers on this site. None seems to be HIV specific papers, but I haven't scanned them all in depth.

Reducing Child Poverty with Cash Transfers: A Sure Thing?

Armando Barrientos* and Jocelyn DeJong, Development Policy Review 2006

<http://www.blackwell-synergy.com/doi/abs/10.1111/j.1467-7679.2006.00346.x#search=%22reducing%20child%20poverty%20with%20cash%20transfers%20>

Children are disproportionately represented among the income-poor, many suffer from severe deprivation, and their poverty and vulnerability have cumulative and long-term consequences. This article provides a comparative examination of the poverty-reduction effectiveness of cash transfer programmes targeting children, focusing on three types of such programmes: the Child Support Grant in South Africa, family allowances in transition countries, and targeted conditional cash transfer programmes in Latin America and the Caribbean. It finds that, despite differences in design, cash transfer programmes targeting children in poor households are an effective way of reducing poverty.

Community/Family/Foster based issues

A Last Resort: The Growing Concern about Children in Residential Care

Save the Children UK, 2003

<http://www.aidsportal.org/store/784.pdf>

This paper sets out the International Save the Children Alliance's position on the residential care of children and highlights concerns about its growing use. Its aim is to draw attention to an area that has largely been ignored as a rights issue for international attention and action. The reasons for so many children – over 8 million worldwide – living in residential care are multiple and complex. At a macro level, socio-economic problems, globalisation, poverty, migration, HIV/AIDS and armed conflict affect the ability of families to raise their children. Social protection systems to support families facing these problems are failing, and the result is that many children are growing up outside the family. These children need care and protection, but it is social policy influenced by culture, history, politics and many other contextual factors that determines the type of support a child will receive. In many countries residential care is the main strategy for helping children in need of care and protection. Save the Children argues that many features of residential care are an abuse of children's rights and is concerned that the issue of children living in institutional care is escaping international attention and needs placing on the international agenda. A parallel concern is that the search for good community-based childcare alternatives is not being given sufficient attention by governments and donors. Through working with children themselves, we need to find better solutions for helping children affected by poverty, conflict and HIV/AIDS. This paper brings together the learning of Save the Children and other bodies, examines the issues, and provides advice and guidance for Save the Children and other agencies working with children living outside of family care. It is hoped that other agencies and partners can use this document as a basis of shared work, dialogue and action.

Facing the Crisis: Supporting Children Through Positive Care Options

David Tolfree, Save the Children, 2005

http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/3306_FacingtheCrisis.pdf

This report responds to the situation of the increasing number of children who are at risk of separation from their families or need alternative care due to HIV/AIDS, poverty, conflict, natural disasters, exploitation, abuse and family breakdown.

The paper emphasises the need for practice and policy responses that reinforce family- and community-based care and support options. It looks at the underlying principles and rationale for an alternative approach to the protection and care of children and explores a range of 'packages' to meet the individual needs of children both within the family and in a range of care settings. Key recommendations include: acceptance that care and protection of children is a fundamental role of government; prioritise family support and keep children in their families wherever possible; empower children; and build on existing community strengths but encourage innovation. Provides alternative models to family care to address the needs of vulnerable children and orphans.

Placing HIV-positive Mothers at the Centre of Planning for Orphans and Vulnerable Children: A Case Study of South Africa

Amy Norman, Suneetha Kadiyala and Mickey Chopra, Renewal, 2005

http://www.ifpri.org/renewal/pdf/SA_MothersChildren.pdf

Worldwide, more than 14 million children have lost a parent to HIV/AIDS. In South Africa, the current epicentre of the epidemic, it is estimated that by 2010, 16% of children will be orphaned by AIDS. The implication of the term "AIDS orphan" has been that parents with AIDS have no plan in place to provide for the care of their children in the event of their deaths. In the majority of policy discourse, women are not seen as agents in the process of preparing their children and future caregivers, or of planning for the future. Effective responses to the challenge of AIDS-induced orphanhood require an understanding of the challenges HIV-positive women face in mothering, as well as the dynamics and strategies used in planning for the future of their children. The inclusion of mothers before the death of a parent is necessary so as to privilege a thus far underutilized resource. The aim of this paper is to present the results of a study that examined the experiences of women undergoing shocks related to the impact of HIV/AIDS in two South Africa communities- Paarl and Umzimkhulu. A total of 25 HIV/AIDS-affected people from 18 households were interviewed, as well as ten key informants. This paper highlights the challenge of maternal disclosure in the African context, the planning for future caregiving, the financial constraints mothers face, and the opportunity undertaken by women to foster future resilience and resilience in their children. This paper makes three main points: first, we must address women and mothers directly about their future plans, as this research has done. Second, we must reorient the debate so as to include mothers in the future policy and planning surrounding the issue of OVCs in South Africa, as well as in the region; mothers are aware of their constraints and need to be included in the discourse. Lastly, in order to strengthen the roles of mothers, we must understand the dynamics of planning, the challenges HIV-positive women face in mothering, and some of the strategies they employ in their efforts to plan. Ultimately, this paper calls for the inclusion of mothers and families before the death of a parent, so as to privilege a thus far underutilized resource in discussions surrounding the impending AIDS orphan crisis. As the advent of an AIDS orphan crisis looms, who better to include in the planning process than the mothers who are still alive?

Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies (Draft)

Geoff Foster, UNRISD

[http://www.unrisd.org/80256B3C005BCCF9/\(httpPublications\)/DB1400AC67D49680C1256BB8004E0C3D?OpenDocument](http://www.unrisd.org/80256B3C005BCCF9/(httpPublications)/DB1400AC67D49680C1256BB8004E0C3D?OpenDocument)

Throughout Africa, the AIDS epidemic is affecting large numbers of children and generating serious psychological, social and economic problems. Many children who are not themselves infected suffer the consequences of prolonged parental illness. Many others have already

experienced the loss of their mother, their father, or both. Estimates for 26 African countries suggest that the number of children losing one or both parents will more than double between 1990 and 2010. By the end of this period, it is estimated, 15 percent of children in these countries will have lost one or both parents, with the figure rising as high as 37 percent in Botswana, 34 percent in Zimbabwe, 32 percent in Swaziland and Namibia, and 31 percent in South Africa and Central African Republic. Even if rates of new HIV infections in adults were to fall in the next few years, the long incubation period would mean parental mortality rates would not plateau until 2020. The proportion of orphaned children (losing either one or both parents) would therefore remain unusually high throughout the first half of the twenty-first century.

Despite massive increases in the number of orphans, a surprisingly small number of children have, up to now, slipped through the safety net provided by the extended family. In general, fostering is provided by relatives. Nevertheless, family coping strategies are under enormous strain. It is thus important to understand the recent proliferation of initiatives supporting vulnerable children at the community level. These responses to the epidemic – growing out of community solidarity, compassion and religious belief – are often hardly known outside their immediate locale. They have been little studied and documented, and few external organizations have sought to support their development. Yet robust community initiatives will be an essential element in caring for growing numbers of orphans and vulnerable children in coming years. They must form part of an expanded response to the HIV/AIDS pandemic.

In this paper, some of these initiatives are analysed, with a view to encouraging appropriate support from external institutions ranging from local and national NGOs and researchers, to international agencies. At the same time, the paper seeks to discourage inappropriate support, emphasizing the point that such assistance can easily undermine community initiatives. Outsiders can often play a more useful role as facilitators of community-based programmes than as direct service providers. They can build capacity, and increase the scope and scale of existing activities, without imposing externally designed solutions that often have negative consequences.

Financing

Bottlenecks and drip-feeds: channelling resources to communities responding to orphans and vulnerable children in southern Africa

Foster, G. / Save the Children Fund (SCF) , 2005

http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/3166_Bottlenecks.pdf

This study identifies a number of barriers that are stopping the smooth flow of funds to support community initiatives working with vulnerable children. The report argues that current aid allocations are unable to find their way through to community groups, and it is unlikely that simply increasing aid flows will result in sufficient resources reaching community level. It considers which are the most efficient and effective mechanisms that can be implemented at a scale to provide such support. The identified challenges that are stopping the smooth flow of funds to support community initiatives include:

- providing resources to communities is not taken seriously at global and national level
- current mechanisms do not allow for resource "flows" that reach community-based organisations
- lack of clarity about the numbers of children reached and the quality of interventions
- donors and governments are not held accountable for spending to support community initiatives.

The report recommends that:

- long-term funding be committed to meet the needs of orphans and vulnerable children
- greater investment is made at different levels of the funding system to ensure resources reach communities and respond rapidly to the needs of children, taking risks where necessary
- technical support be increased at all levels

- HIV/AIDS funding is tracked to determine how much reaches communities to benefit children.

The way the money goes

Bernard van Leer Foundation, A Dunn, 2005

http://www.bernardvanleer.org/publication_store/publication_store_publications/The_way_the_money_goes/file

An investigation of flows of funding and resources for young children affected by HIV/AIDS surveys the ways in which funding for HIV/AIDS care is disbursed. It is evident that only a small and insignificant amount is being targeted on interventions focusing on early childhood development in HIV/AIDS-affected communities. Certain categories of intervention under headings like 'prevention' and 'orphans and vulnerable children' can extend suitable support to very young children, but the question remains: Is this the most effective way to spend the available funds, bearing in mind the special needs of such children?

Age - Carers/Older people, very young children

Forgotten families: older people as carers of orphans and vulnerable children

HelpAge International; International HIV/AIDS Alliance 2003

http://synkronweb.aidsalliance.org/graphics/secretariat/publications/ssp0903_forbidden_families.pdf

This report shows that - provided appropriate support is available - older people and orphans and vulnerable children can overcome some of the challenges posed by the HIV/AIDS epidemic. The case studies featured in this report describe innovative ways of dealing with some of the difficulties faced by older-headed households. These community-driven programmes demonstrate the impact that minimal additional resources and appropriate technical support can have. They cover a wide range of responses, including the use of non-contributory pension schemes in South Africa, home-care services in Zambia (which have enabled families to stay together), and training for older people to be counsellors in Sudan. In Vietnam, older people's clubs, led by local leaders, are helping older people to cope with the stigma and discrimination in their communities.

If international commitments on HIV/AIDS and poverty reduction are to be met, the report suggests that the following recommendations need to be implemented at local, national and international levels:

- provide direct income support to address the financial needs of older carers of orphans and vulnerable children
- ensure policies and programmes designed to meet the health needs of families affected by HIV/AIDS include older people and orphans and vulnerable children
- ensure access to universal and flexible education services for orphans and vulnerable children that recognise their changing roles, time commitments and financial constraints
- provide older people with information and training on HIV/AIDS and the rights of children and older people
- develop policies and programmes that address the psychosocial needs of older carers and orphans and vulnerable children
- ensure the involvement and participation of older carers and orphans and vulnerable children, in community structures, and in formulating national policy for poverty reduction and supporting families affected by HIV/AIDS
- undertake research and collect comprehensive age-disaggregated data on the needs and roles of older people and orphans and vulnerable children, to design HIV/AIDS interventions that are inclusive of older people

These recommendations form the basis of an agenda for action. There is a 'moral imperative' for those responsible to care 'for all whose lives have been devastated by HIV/AIDS', to ensure that

families of older carers and orphans and vulnerable children are not forgotten [adapted from authors]

Age and security: How social pensions can deliver effective aid to poor older people and their families

HelpAge International, 2004

<http://www.aidsportal.org/store/229.pdf>

Discusses how social pensions can help alleviate child poverty.

- In Tanzania, where there is no pension, out of 146,000 children orphaned by HIV/AIDS, only 1,000 attended secondary school, because their grandparents could not afford fees.
- In Zambia, a pilot cash transfer scheme to older people caring for orphans has resulted in improved school attendance.
- In rural Brazil, pensions are strongly associated with increased school enrolment, particularly of girls aged 12-14.
- In South Africa, girls living in a household with an older woman in receipt of a pension are 3-4 centimetres taller than girls in households with older women who do not receive a pension.

HIV/AIDS: what about very young children?

Alison Dunn, Exchange Findings, 2004

<http://www.healthcomms.org/pdf/findings02-hiv-ecd.pdf>

- Very young children are at a critical stage of development when holistic care and support is essential.
- Opportunities to meet young children's needs are greatly reduced in HIV/AIDS affected communities, yet HIV/AIDS research, policy and programming tends to ignore the 0-8 age group.
- Support for ongoing community initiatives can increase household and community capacity to provide holistic care for very young children affected by HIV/AIDS.
- Ways of listening to and consulting with very young children need to be promoted to enable children aged 0-8 to participate in processes that affect them and to be valued for the contributions that they make.
- National policy frameworks need to include HIV/AIDS in Early Childhood Development (ECD) programmes and integrate ECD initiatives into National AIDS plans of action.

Education

Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection

Mobil Task Team (MTT) on the Impact of HIV/AIDS on Education, Health Economics & HIV and AIDS Research Division (HEARD), 2005

<http://www.crin.org/docs/MTT%20Edu%20and%20Social%20Protection.pdf>

A review of the case studies suggests that while all of the programmes provide a varying measure of social protection to EMC, the comparative scale of some of these programmes and the lack of coordination with others may limit their impact and value. It is clear that most, if not all, of these programmes have the potential to achieve much more in a coordinated environment, with appropriate levels of management and resourcing. In short, the review suggests that a strategic combination of these (and other) programmes, in an integrated basket of support, is required and would be an important step forward.

The programmes under review have been summarised by category, level and type, including those relevant to international, national and sectoral levels; the school and community level; and the level of an individual child or household. This analysis provides an immediate sense of the synergies involved and begins to demonstrate how these programmes could be integrated to great effect. The report also notes that integration of this coordinated response with existing National Plans of Action (NPAs) could open the way to a broader scope for OVC and EMC service provision.

The appeal of this approach is the multiplier effect inherent in linking a series of complementary programmes and harnessing capacity across the levels of social protection and education, as well as sub-national regions and districts. It also has the potential to accelerate the pace at which social protection can be delivered. The report notes that while the concept of social protection may appear to be somewhat new to the education sector, it is in fact neither new – confirmed by the extent to which such programmes have proliferated in the sector – nor only the business of other social sector ministries or development partners. The study shows the intersection of interest between education sector policy, HIV and AIDS education sector policy and OVC (or EMC) and confirms that such social protection is indeed the mainstream business of education – particularly in the HIV and AIDS era.

Finally, given that the scale of the EMC and OVC crisis in Africa is only *beginning* to emerge, and in the knowledge that it will shadow the HIV crisis for decades to come, the report suggests that the education sector is faced with a stark choice: Embrace and mainstream social protection as an integral function of education's mandate or abandon any real prospect of achieving the national and international goals to which the sector has long committed. Reinforcing the fact that social protection lies at the intersection of the education sector's interests and commitments, the report also suggests that this is a unique, strategic opportunity to mobilize the multi-sectoral, NGO and community partnerships that the education sector has so long contemplated but not yet fully operationalized.

The Impact of HIV/AIDS on Children and Young People: Reviewing Research Conducted and Distilling Implications for the Education Sector in Asia

Wijngaarden, Jan; Sheldon Shaeffer UNESCO. 2005 (originally written in 2002)

<http://unesdoc.unesco.org/images/0014/001436/143683e.pdf>

This paper takes a closer look at the impact of the epidemic on children (0-18 years old) by reviewing and synthesizing several research studies that have been conducted in the Asia-Pacific region over the years. Since no specific studies about AIDS' impact on education have been conducted in the Asia-Pacific region, this paper will then look at the implications of the existing research for the education sector – looking at access to education for children affected by the epidemic, but also looking at the demand- and supply-side, the quality of education and planning, and management issues. In the final section of the paper, we will identify gaps in our knowledge and understanding of the impact of AIDS on the education sector by outlining a number of questions for future research. The author predict a decrease in the demand for education and recommend that education ministries work together with social welfare ministries and NGOs to make sure support systems are designed to tackle stigma and some of the financial factors reducing demand for education among children.

Addressing the educational needs of orphans and vulnerable children

Boler, T.; Carroll, K. / UK Consortium on AIDS and International Development , 2004

[http://www.aidsconsortium.org.uk/Education/Education%20downloads/EfucationOVC%20paper%20\(small\).pdf](http://www.aidsconsortium.org.uk/Education/Education%20downloads/EfucationOVC%20paper%20(small).pdf)

This paper describes the educational disadvantage faced by orphans and vulnerable children (OVCs) and summarises a number of educational responses. It aims to respond to the concern that orphaned children are dropping out of school at a higher rate than non orphaned children, and asks how it is best to meet the educational needs of these OVCs.

It focuses on three specific responses:

- **open and distance learning:** there is a need to adapt existing learning materials for delivery at a distance for children who are out of school. It would prevent them from falling behind when they cannot attend schools and help them re-enter school
- **school feeding schemes:** some evidence suggests that OVCs are more likely to be tired and hungry at school. School feeding schemes could provide food for the poorest children

- **the index for inclusion:** many OVCs suffer from stigma and negative treatment. Index for inclusion is a set of materials to guide schools through a process of inclusive school development. It aims to build supportive communities and foster high achievement in all staff and learners.

The paper was developed by the UK working group on education and HIV/AIDS and summarises issues raised from a meeting between researchers, practitioners and policy makers in London 2003.

Poverty, AIDS and Children's Schooling: A Targeting Dilemma

Ainsworth M; Filmer D. World Bank 2002

http://hivaidsclearinghouse.unesco.org/file_download.php/Ainsworth+&+Filmer.pdf?URL_ID=1486&filename=10410023710Ainsworth_%26_Filmer.pdf&filetype=application%2Fpdf&filesize=164568&name=Ainsworth+%26+Filmer.pdf&location=user-S/

Orphan status is therefore not good targeting criterion for “traditional” programs aimed at raising enrolment rates. Interventions linked solely to the needs of orphans are not likely to create incentives for opportunistic responses to households, as the benefits are not easily shared by other household members.

Link to summary of report:

http://hivaidsclearinghouse.unesco.org/file_download.php/PovertyAIDSsummary.pdf?URL_ID=1486&filename=10451452391PovertyAIDSsummary.pdf&filetype=application%2Fpdf&filesize=134454&name=PovertyAIDSsummary.pdf&location=user-S/

Poverty, HIV and barriers to education: street children's experiences in Tanzania

Evans, R. Oxfam 2002

http://hivaidsclearinghouse.unesco.org/file_download.php/Poverty+HIV+and+Education.pdf?URL_ID=3141&filename=10709841981Poverty_HIV_and_Education.pdf&filetype=application%2Fpdf&filesize=226508&name=Poverty+HIV+and+Education.pdf&location=user-S/

This article discusses the links between poverty, HIV/AIDS, and barriers to education, based on the first-hand experiences of ‘street children’ in northern Tanzania. Within the context of national levels of poverty, ‘cost-sharing’ in health and education sectors, and the AIDS epidemic, poor families in Tanzania are under considerable pressure, and increasing numbers of girls and boys are consequently seeking a living independently on the streets of towns and cities. My research with street children shows that some children orphaned by AIDS are subject to rejection and exploitation by the extended family after the death of their parent(s). They are exposed to considerable risks of abuse, sexual violence and HIV within the street environment. Here, I discuss the links between poverty, HIV and barriers to education, which compound young people’s vulnerability, and offer some policy recommendations in response to the young people’s experiences.

Strengthening partnerships in education for children vulnerable to HIV/AIDS in the Mekong sub-region: Workshop for Government, UN, NGO, religious representatives and representatives

of communities of HIV positive people providing education to children vulnerable to HIV/AIDS in Cambodia, Myanmar, Thailand and Viet Nam

Ror, A. UNESCO, 2003

http://hivaidsclearinghouse.unesco.org/file_download.php/Workshop+report+Chiang+Mai.pdf?URL_ID=3144&filename=10709888571Workshop_report_Chiang_Mai.pdf&filetype=application%2Fpdf&filesize=134935&name=Workshop+report+Chiang+Mai.pdf&location=user-S/

Workshop for Government, UN, NGO, religious representatives and representatives of communities of HIV positive people providing education to children vulnerable to HIV/AIDS in Cambodia, Myanmar, Thailand and Viet Nam.

The role of education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS

UNAIDS 2004

<http://unesdoc.unesco.org/images/0013/001355/135531e.pdf>

The priority actions for Education and Orphans and Vulnerable Children elaborated in this paper are:

- To ensure access to education for all, including orphans and vulnerable children, through initiatives such as abolishing school fees, reducing hidden costs and opportunity costs, establishing community networks, and monitoring progress.
- To manage the supply and ensure the quality of education by strengthening education management and information systems, as well as building teacher/administrator HIV/AIDS capacity, and establishing policies and practices to reduce their own risks.
- To expand the role of schools to provide care and support to orphans and vulnerable children through measures such as linking with community social services and networks and coordinating multi-sector and partner involvement.
- To protect orphans and other children made vulnerable by HIV/AIDS by developing policies and practice to reduce stigma and discrimination, as well as sexual abuse and exploitation.

Widening the 'Window of Hope'

World Food Programme (WFP) 2003

http://hivaidsclearinghouse.unesco.org/file_download.php/0309_AIDS_Widening_Window.pdf?URL_ID=2768&filename=106621339110309_AIDS_Widening_Window.pdf&filetype=application%2Fpdf&filesize=141022&name=0309_AIDS_Widening_Window.pdf&location=user-S/

This study was undertaken to help WFP better understand the situation of orphans and other vulnerable children, especially their access to education, and to determine the role that food aid might play in helping them. Though data can vary greatly among countries, overall, orphans appear to be less likely to attend school than non-orphans. Resources permitting, it is generally better to target an entire household rather than an individual child, or in the case of a school, to target all students rather just orphans. To minimize related difficulties (e.g. attracting students away from government schools and into community schools), targeting should be done by clustering and should be facilitated through community-based identification mechanisms.

Supporting Girls' Education: A Study of the Impact of WFP Food for Education Programmes on School Enrolment.

Aulo Gelli, Ute Meir and Francisco Espejo*,
WFP 2006 (you've got a copy of this paper)

This study summarises the findings of WFP's Food for Education (FFE) programmes' impact evaluation surveys, which took place in 32 countries in sub-Saharan Africa (sSA) between 2002 and 2005. Results suggest that FFE had a strong impact on absolute enrolment in WFP-assisted schools. In sSA, during the first year of FFE programmes, the average absolute enrolment increased by 28 percent for girls and by 22 percent for boys. Interestingly, the increases in absolute enrolment after the first year of FFE were found to vary substantially by the type of FFE programme. In particular, in FFE programmes that combined the provision of take-home rations for girls with on-site feeding for all pupils, as opposed to only on-site feeding programmes, the increase in girls' absolute enrolment was found to be sustained at values of 30 percent year on year. In schools assisted with on-site feeding alone, however, the rate of increase in absolute enrolment after the first year of FFE programmes reverted back to rate of increase found the year prior to FFE implementation. THRs also appeared to support girls' absolute enrolment in all primary school grades, thus suggesting reduced drop-out of female students particularly in the higher grades. Evidence from this study also suggests that schooling infrastructure was scaled-up and improved throughout the course of FFE programmes in WFP-assisted schools.

Microfinance

Forward-Looking Review: World Vision's Approaches to Integrating Microenterprise Development and HIV/AIDS Response

Jill Donahue, World vision, 2005

<http://www.crin.org/docs/Forward-looking%20Review.pdf>

The purpose of the review is to identify the best way(s) forward for the work of WV and its MFI affiliates in the integration of MED and HIV/AIDS response, in preparation for scaling up approaches that have proven effective and efficient. This will inform and guide future efforts by WV MFI and other MED-focused staff, HIV/AIDS-focused staff, national directors, regional staff, support office staff, and partnership office staff to develop high quality programming integrating MED and HIV/AIDS response. In light of World Vision's commitment as a child-focused organization, particular attention was given to how integration can benefit children (in particular children orphaned and otherwise made vulnerable by HIV/AIDS), their families and communities. The report makes recommendations on optimizing effective integration of MED and HIV/AIDS response as well as cross-cutting recommendations such as: harmonizing goals, assisting integrated programmes with an action research agenda; strengthening performance indicators; and analysing cost-effectiveness and cost integration.

Tap and Reposition Youth (TRY): providing social support, savings, and microcredit opportunities for young women in areas with high HIV prevalence

Erulkar, A.; Bruce, J.; Dondo, A.; Sebstad, J.; Matheka, J.; Banu Khan, A.; Gathuku, A. / Population Council, USA, 2006

<http://www.popcouncil.org/pdfs/seeds/SEEDS23.pdf>

Tap and Reposition Youth (TRY) is a multiphase initiative whose overall aim is to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihoods options. The project operates in low-income and slum areas of Nairobi, Kenya, where rates of HIV infection are high and where young women are disproportionately affected. The project involves the provision of credit to the particular needs of its vulnerable clientele. This report provides an evaluation of the first four phases of the project, and recommends some ways ahead for its future.

Some points regarding the project's successes and failures include:

- TRY has had a substantial impact on girls' earnings and savings - TRY girls are significantly more likely than girls in the control sample to have savings
- although more likely to have savings, the amount of their savings is significantly less than that of the control savers
- older TRY participants are much more likely than younger girls to have greater numbers of household assets, larger incomes, and greater savings - they are more likely to keep their savings in a financial institution
- TRY participants were not more knowledgeable than girls in the control sample about reproductive health issues - but they seemed better able to negotiate sexual relationships
- TRY girls are more likely than girls in the control sample to be able to insist on condom use and to refuse sex
- TRY's repayment rates were lower than standard - a result of the programme's experimental nature and its focus on learning the best strategic approach and livelihood interventions
- although the programme may not reach operational sustainability, its cost-effectiveness in terms of achieving these benefits is likely to be higher than that of other initiatives for young people.

The report suggests some ways future programmes can be enhanced:

- the interplay between girls' personal situations - the instability of their living arrangements and personal relationships - dictates the need for great flexibility in programs designed to serve them

- providing girls with savings accounts, passbooks, and identity cards has profound symbolic meaning for them beyond financial security - it validates girls' personal identity and encourages their growth
- a conscious, tiered training strategy teaching financial literacy can help to prepare young people for effective future use of banking services

Microfinance and Households Coping with HIV/AIDS in Zimbabwe: An Exploratory Study

Carolyn Barnes, Horizons, 2003

<http://www.popcouncil.org/pdfs/horizons/microfinzimbfnl.pdf#search=%22microfinance%20and%20households%20coping%20with%20hiv%22>

This study was one of the first of its kind to explore the relationships between participation in a microfinance program by microentrepreneurs with established businesses and the household's ability to mitigate the economic impacts of chronic illness and death. The findings indicate several small yet important ways that MFI programs help microentrepreneurs and their families respond to these impacts, advantages that are associated with access to credit and business management training. The following recommendations emerged from the study and have policy, program, and research implications for MFIs, AIDS service organizations, donors, and governments. Recommendations

- A set of tools should be developed and tested that would permit MFIs and other programs to better estimate HIV/AIDS-affectedness among their clients and target groups.
- Despite the growing financial needs of households coping with chronic illness and death, MFIs operating in countries with high inflation must keep their interest rates and fees in line with inflation or risk eroding their capital base.
- MFIs need to consider HIV/AIDS from the standpoint of the organization, its outreach, and its client base. They should focus on ways to manage risks (e.g., mandatory insurance fees) and experiment with measures and services to ameliorate the impact of HIV/AIDS on their target populations. Operations research should be undertaken to determine the feasibility of new programs, services, and products.
- The legal framework for non-banking microcredit organizations should be changed to enable them to collect voluntary deposits, such as savings and funeral funds.
- MFI loan officers should be trained in communication techniques to enhance their ability to respond to the HIV/AIDS situations they encounter. Also, they should be given basic counseling skills or be informed about existing services to which they can refer individuals.
- A similar study ought to be undertaken in a more stable economic environment. The economic impacts of HIV/AIDS on households and of microfinance on affected clients may thus be more apparent, since these will not be co-mingled with negative macroeconomic factors.

Food security and agriculture

Food Security, Livelihoods & HIV/AIDS: Guide to the Linkages, Measurement & Programming Implications

Save the Children, 2004

http://www.synergyaids.com/documents/HIV_FoodSecurity.pdf

Conclusions: A proposal to undertake programmes to mitigate the impacts of HIV/AIDS on livelihoods should first consider how it fits into a broader programme of prevention care and treatment of HIV/AIDS, and second whether there are equally pressing food security problems not directly related to HIV/AIDS which also need to be addressed. Empirical evidence to date shows that not all AIDS-affected households are food insecure, and that many unaffected households are food insecure, and therefore the blanket labelling of AIDS-affected households as a vulnerable group in need of food security assistance is inappropriate. Targeting of food aid or other emergency interventions is still best done using socio-economic/ wealth criteria rather than demographic or health criteria. Other issues to consider when planning food aid interventions in particular are:

- _ Ability to identify the target group

- _ Potential role of stigma
- _ Ensuring participation of women and children in programmes
- _ Appropriate siting of distribution points and manageable packaging of rations
- _ Designing appropriate rations, in terms of nutritional context, palatability and digestibility

Proposals for food- or cash-for-work programmes should particularly assess the implications for household labour availability and the profitability of the work in contexts of high HIV prevalence. School feeding is likely to be harder to justify as a response to HIV/AIDS, particularly if it is not combined with other interventions. In particular, a school meal is unlikely to counter-balance the increased demands on children (particularly girls) to assist at home with caring and with productive activities, while feeding specifically targeted at orphans or otherwise-affected children could have a stigmatising effect. A wide variety of potential interventions could be considered in relation to enhancing livelihoods, and these are categorised according to whether they primarily address human, financial, social, physical or natural capital. Strong emphasis on monitoring and evaluation and on documenting experience is necessary to fill in current gaps in knowledge of what “works” and what doesn’t in different contexts. A well thought out combination of interventions – particularly if they build upon possible synergies between one another and with interventions in other sectors relating to prevention, care and treatment – will be most effective.

Poverty, Vulnerability, and HIV/AIDS Mainstreaming in Lesotho: Livelihoods Recovery Through Agriculture Program and Secure the Child

Joanne Abbot, Mosele Lenka, PJ Lerotholi, Makojang Mahao and Sechaba Mokhamaleli, Care 2005

<http://www.crin.org/docs/Poverty,%20Vulnerability,%20and%20HIV%20fpAIDS%20Mainstreaming%20in%20Lesotho.pdf>

Improving food production and nutrition is one of the best ways to help vulnerable households cope with HIV/AIDS and its impacts. There is a strong two-way relationship between food insecurity and the epidemic: households affected by HIV/AIDS have less time and energy for food production, while reduced access to food increases people’s general vulnerability and accelerates the disease in those already infected. Homestead gardening can help to break this connection. It offers a wider range of potential crops than field-based agriculture, requires less time and labor and can provide a source of extra income. Meanwhile, mainstreaming HIV/AIDS concerns into agricultural programs also helps to reduce the stigma associated with HIV and build partnerships with other organizations. (not child specific)

Nutritional and Food Security Status of Orphans and Vulnerable Children

Jonathan Rivers, Eva Silvestre, John Mason
IFPRI, 2004

<http://www.ifpri.org/Themes/HIV/pdf/riversetal2004.pdf>

A key area is the food and nutrition situation of orphans and other children made vulnerable by HIV/AIDS. Inconsistent findings make it difficult to assess if orphans and other vulnerable children have specific nutritional needs separate from other children. This report looks to answer this question by establishing the present nutritional status of orphans in sub-Saharan Africa by examining a large number of countries in the region. Specifically, the report answers: a) To what degree is child anthropometry and household food security affected by orphan-hood and chronic sickness?, b) Is underweight the most appropriate indicator to measure the nutritional status of orphans?, c) Which types of households are most affected by food insecurity and which indicators show promise for future monitoring?, and d) How does the concept of vulnerability relate to food security? The proportion of projected orphans is similar to the proportion that were surveyed in the DHS and MICS surveys. Key findings:

Expected age distribution of orphans is similar to the age distribution observed from the surveys.

Orphan children were not worse off in terms of anthropometry than other children, after adjusting for age differences, and taking into account the presence of surviving parents in the household. This relationship held after stratifying for place of residence and sex of the head of household.

Children whose parents were alive, but neither in the household (children being fostered) were consistently better-off in terms of anthropometry than other children.

Children in institutions in Blantyre and Kingston were worse-off nutritionally than children residing in households. This difference is most convincing in Kingston.

Anthropometric indicators for children 6-8 years of age did not associate with SES and sanitation variables as they do for children under the age of 5.

The food security instrument was found to be internally valid, using Cronbach alpha reliability testing, and responses from the questionnaire also appeared to correlate well (i.e. be sensitive to) poverty indicators.

There were clear associations between underweight and stunting in children and food security status of households in Blantyre.

A much larger percentage of orphans live in households that are classified as food insecure with child hunger.

40% of households with more than one orphan were classified as food insecure with child hunger

Households with chronically sick members were also found to be more food insecure

Junior Farmer Field and Life Schools: Experience from Mozambique

Carol Djeddah, Rogério Mavanga, and Laurence Hendrickx, (chapter 17 AIDS, Poverty and Hunger) from 2006

<http://www.ifpri.org/pubs/books/oc50/oc50ch17.pdf>

Description and Assessment of programme: Manica, Mozambique was to be chosen as a pilot province of the Junior Farmer Field and Life School program (JFFLS), as a joint initiative by the government of Mozambique and two UN agencies: the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP). The project arose as an attempt to respond to the growing needs of orphans and vulnerable children. This is done by introducing a medium- and long-term strategy to empower orphans and vulnerable children in order to improve their livelihoods and long-term food security, agriculture knowledge, life skills, and self-esteem.

Country Case Studies

Long Term Socio-Economic Impact of HIV/AIDS on Children and Policy Response in Thailand

Wattana S. Janjaroen, Suwanee Khamman, UNICEF-Thailand, 2002

http://www.unicef.org/evaldatabase/index_14314.html

This report examines the following issues: (1) the long-term socio-economic impact of HIV/AIDS on children and Thailand's policy responses in the areas of prevention, treatment and mitigation; (2) lessons learned in Thailand that might be applicable in other countries around the world; and (3) appropriate policy recommendations derived through consultation with key informants, a review of current literature, and the research team's own conclusions. Lessons learned include the need for: political commitment at the national level; social capital and civil society involvement; pilot programmes that demonstrate effective outcomes before formulating policy; and a people-centred approach.

The Socio-economic Impact of HIV/AIDS on Children in a Low Prevalence Context: the case of Senegal

Niang C. I; Van Ufford P. UNICEF-ICDC 2002

http://hivaidsclearinghouse.unesco.org/file_download.php/chapter4.pdf?URL_ID=1548&filename=10421223150chapter4.pdf&filetype=application%2Fpdf&filesize=93215&name=chapter4.pdf&location=user-S/

This chapter analyses the socio-economic impacts of HIV/AIDS on children in Senegal as well as the impacts of the response policies implemented by the different actors. Data were collected at seven research sites across the country, and complemented by a review of available reports and articles. Their analysis reveals an insignificant nation-wide impact of HIV/AIDS in sectors of health, education, demography and economy. This is reflected in the relatively low and stable HIV prevalence rate since the mid-1980s, which may be attributed to the interplay of a complex set of social and behavioural factors, and a successful policy to fight against the spread of the disease. The main features of this adequate policy consist of a timely response, an eagerness to anticipate on new developments, the strategic involvement of religious and political leaders, effective STD-control programmes, and the construction of strong responses at the community level. Yet, at the family and individual levels a clear impact of HIV/AIDS was identified, which could often be related to the specificity of the disease. For HIV/AIDS-affected families, health care expenses constitute a heavy burden. The presence of HIV/AIDS in families entails a variety of forms of instability and thus contributes to unstable and progressively degrading living conditions for children, girls in particular. The disease was found to explain several forms of matrimonial instability as well as the decline of social networks over time. Finally, HIV/AIDS appeared to have a strong impact on self-perception, emotional stability and the construction of individual and family identities, among adults as well as among children.

Forward: A report on pioneering responses to children affected by HIV/AIDS in Andhra Pradesh, India

International HIV/AIDS Alliance, 2004

<http://www.hivpolicy.org/Library/HPP000599>

the International HIV/AIDS Alliance and its country office, the India HIV/AIDS Alliance (the Alliance), has worked in three states in India since 2000 to establish and support three Lead Partners, including Vasavya Mahila Mandali (VMM), and 37 implementing NGOs (INGOs) to carry out its pioneering programme of home and community-based care and support for children affected by HIV/AIDS and their families. VMM has drawn on this experience in this report to identify gaps in existing services and propose effective initiatives, policies and examples of good practice for dealing with the issues that children face when they are affected by HIV/AIDS.

An Initiative Supporting the Basic Income and Needs of HIV/AIDS Affected Households and Individuals (SIMBA)

Anuj Jain, CARE, 2004

<http://www.crin.org/docs/Simba%20PG%20V4.pdf>

SIMBA is an innovative program designed to promote economic development in HIV/AIDS affected communities in Zimbabwe and to reduce the economic vulnerability of affected households and individuals. While most microfinance service programs are not structured to meet the needs of affected households, SIMBA targeted five specific vulnerable groups: widows, orphans and youth, commercial sex workers, care providers, and people living with HIV/AIDS. SIMBA partners with local AIDS Service Organizations (ASOs) that organize care-providing services through a community-based volunteer network. SIMBA's approach is to build the capacities of these partners, enabling them to facilitate and implement economic development initiatives. SIMBA promotes community based, self-managed and savings-based microfinance services and provides basic business management training. Through these efforts, SIMBA and its partners provide economic development tools that improve the stability of HIV/AIDS-affected households.

Children in the Shadow of AIDS: Studies of Vulnerable Children and Orphans in Three Provinces in South Africa

Michelle Adato, Suneetha Kadiyala, Terence Roopnaraine, Patricia Biermayr-Jenzano, and Amy Norman IFPRI, 2005

<http://www.ifpri.org/Themes/HIV/pdf/adatoetal2005.pdf>

This paper examines the experiences of children affected by HIV/AIDS in three provinces of South Africa.² By combining findings from two studies that focus on households at different

stages of impact, the paper looks at the conditions of vulnerable children living in homes with HIV positive family members; children at risk of becoming orphans (i.e., children living with HIV positive primary caregivers); and children 'orphaned.' It also considers the conditions of other household members affected at each of these stages. The paper is concerned with understanding more about their daily lives, and about informal and formal forms of support available to them at each of these stages. **(See page 64 onwards)** Findings from our research reinforce the fact that life skills training at school can positively impact and work to better adjust children to the realities occurring in their homes. Beyond education initiatives, there is a serious need for more comprehensive counselling programs for children both directly and indirectly affected by the AIDS epidemic. In order to effectively address the impact on children and what makes them vulnerable, we must begin by supporting women and families to disclose to their children so that they can better prepare themselves for their futures. Programs need to address the ways women can save or invest in their children's future under the constraints of poverty. Our research findings highlighted the fact that for the majority of households interviewed, extended family networks still had the capacity to absorb orphaned children into their own homes. This has important policy implications in that as long as potential caregivers are able to garner support through government grants, as well as are able to access counseling services, the extended family safety net seems, for the time being, capable of catching many of the children affected by HIV/AIDS. While this reality will certainly become more difficult under increased pressure due to higher numbers of AIDS deaths, bolstering initiatives now may mitigate this impact. Our research also confirmed what is widely recognized in the South African literature on social and biological orphans as well as that on child poverty—that the main caretakers for children are grandparents, and primarily grandmothers. The Old Age Pension is then a crucial social safety net for orphans. However, unlike a family structure arrangement where the OAP contributes to households that have other sources of income from a child's parents, the addition of orphans adds a financial strain onto households with little other forms of financial support. Aside from the question of grants, a wide range of interventions can support orphans and vulnerable children in other ways, and government policy is underdeveloped in this respect. Our research found a number of creative interventions providing valuable support to orphans, in the form of material goods, education and health monitoring, and counseling for children and adults—all critical parts of a comprehensive approach to OVC policy.

Orphans in Malawi: prevalence, outcomes, and targeting of services

Manohar Sharma
IFPRI, 2005

<http://www.ifpri.org/Themes/HIV/pdf/sharma2005.pdf>

This paper suggests that the prevalence of orphans is likely to be higher in areas that have higher population densities. Especially in urbanized environments, an increase in the number of children with little education, little parental care, and without secure livelihood roots can potentially lead to social problems such as an increase in crime and violence, including child neglect and abuse. It is important that policies aimed to uphold education of orphaned children be "incentive-compatible" with individuals newly charged to care for the orphans. That is, policies should have built-in rules such that caregivers have sufficient incentives to actually convey benefits to the orphans in their charge. In the absence of such compatibility and/or other enforcement mechanisms, resources and services directed to orphans may simply be commandeered by others. The finding presented on providing food transfers to household caring for orphans shows that targeting itself may not be a problem, at least when it is community managed. In fact, programs like GFD are quite important in upholding education levels of orphans, since it is exactly during crisis times that children are pulled out of school and placed on the labor market to augment family income. However, the most challenging link in reaching out to orphans is ascertaining that resources received by the household actually flow and trickle down to the orphans. Developing and installing monitoring and evaluation systems that ensure this is therefore most urgently needed.