

Who are the vulnerable children? Exploring the implications of different criteria for determining eligibility for program assistance

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Abstract

Issues: Programs and policies that support children affected by HIV seek criteria by which to determine who should be eligible for assistance. Orphanhood is a single tangible indicator of children's vulnerability. However, multiple individual and household circumstances expose children to economic, social, and health risks. This paper explores community perceptions about vulnerability and how estimates of need vary using different definitions. The implications for social protection programs' eligibility criteria are discussed.

Methods: The US-funded "RAPIDS" (Reaching AIDS-affected People with Integrated Development and Support) program in Zambia aims to improve the wellbeing of children and families affected by HIV and AIDS by delivering integrated care and support services. In 2005, baseline quantitative and qualitative research activities were conducted, which included a household survey administered to a random sample of 1,503 household heads who reported data on more than 5,000 children. Focus groups and in-depth interviews were also conducted with adult and youth community members.

Results: In addition to orphanhood, adults and youth identified 7 other characteristics to indicate children's vulnerability, including having been taken in to another household, living in a female-headed household, and living in a household with someone who is chronically ill. Depending on the site, from 14% to 27% of the children in the dataset had been orphaned and another 43% to 53% were deemed "vulnerable" using the other 7 community-identified criteria.

Lessons learned: This study highlights the need to carefully consider the meaning of "vulnerability" when targeting programs and policies to support children who have been orphaned and rendered vulnerable. Enlisting local community input can help to develop context-specific criteria for the distribution of program resources. Community members in this study proposed characteristics of vulnerability to identify children who are most in need of external support. Targeting children for social protection programs through the use of strict eligibility criteria may offer the advantage of being an efficient way to distribute resources, but may also create ethical hazards, e.g., the introduction of perverse incentives into the community. If used, eligibility criteria for social protection programs need to be appropriately specific in identifying vulnerability, yet sufficiently flexible to recognize community realities. There remains a need to develop monitoring systems for social protection programs that meet the specificity of local operations, while retaining the ability to analyze data in accordance with national and international definitions.

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Background

Early efforts to assess the impact of AIDS in sub-Saharan Africa revealed a rising number of children experiencing the death of a parent and its associated social consequences [1, 2]. As a result, policies and programs to support children affected by AIDS began to focus on children who had been orphaned (lost one or both parents). However, the exclusive focus on orphanhood as a principle criterion for distribution of resources has been criticized as inefficient and inequitable because orphanhood represents only a single aspect of children's multi-dimensional vulnerability [3]. In households affected by HIV/AIDS, children's vulnerability begins long before parental death. They may face dramatic changes in circumstances during the illness of a parent/guardian, as families navigate changing household finances and caring for a sick person in their midst for extended periods [4]. As parental health declines, children may face increasing household adversity and rising levels of responsibility, including earning income, looking after sick family members and younger siblings, and exposure to exploitation and abuse, jeopardizing access to education and food security [5-7]. The economic, social, and health status of children not obviously directly affected by HIV/AIDS or parental death may be affected by other factors, including household composition, parental illness, household income and assets, and household access to services [8].

In recognition of these other factors, the operational term "orphans and vulnerable children" (OVC) has been coined to aid program targeting. This term includes not only children who are biologically *orphans* following parental death, but also children considered *vulnerable* to shocks that jeopardize their health and well-being, such as the chronic illness of a parent, or other household factors. While the term is useful as a

theoretical construct, its practical use is beset by difficulties [9], both methodological (e.g., agreeing on an appropriate definition of “vulnerable”; the implication that all members of a group have similar support needs) and ethical (e.g., the danger of stigmatizing children by labeling them). A review conducted in 2003 found a variety of terms used in different settings to describe children who are vulnerable (e.g., children affected by AIDS, children in distress, children in extremely difficult circumstances, children in need of special protection), reflecting different understandings of the individual and household characteristics that render children in need of support and highlighting the vagueness of the description. [10]

In response to the needs and rights of children in affected communities, external support initiatives have moved from an initial focus on orphanages and residential care to strengthening and scaling-up community-based support programs for families [11]. Typically implemented by local organizations—often faith-based—and funded by national and international governments and non-governmental organizations, community-based support programs may include multi-faceted interventions supporting children’s health, education, and psychosocial wellbeing; community mobilization; income-generating activities; and caregiving support for families [12-19]. Government-led interventions in some settings have also included cash transfers (e.g., child support and foster care grants in South Africa) [20]. Program implementers have struggled with the question of how to establish appropriate and efficient recipient targeting criteria in order to use resources efficiently [3, 21-24]. Definitions applied in a range of sub-Saharan African policy and program settings have variously emphasized individual, household, and community factors beyond orphanhood alone, including recognition of the elevated risks faced by female-headed households [25-27] and child-headed households [28].

Households headed by children following parental death or abandonment represent a particularly vulnerable household structure. While older children may care deeply for their younger siblings, they may be unable to cope with the responsibility of household decision-making and have to make enormous personal sacrifices that threaten their own development [29]. The existence of child-headed households does not necessarily indicate total abandonment by family members, but may result from relatives not wanting children to move in with them, children not wanting to be split up from siblings, or children being unable to move from their family home to prevent property grabbing [28]. Orphan enumeration studies have detected low and variable levels of child-headed households (e.g., [30, 31]), and researchers acknowledge that child-headed households are difficult to enumerate for a number of reasons. Community reluctance to admit to the existence of child-headed households without adult support can lead to under-reporting. Child-headed households may be formed as transitional arrangements in the immediate aftermath of a death before long-term childcare arrangements are made. Enumeration is also unlikely to capture households in which children are the *de facto* heads (primary decision-makers) when the nominal adult household head is incapacitated due to illness. For these reasons, survey data on the prevalence of child-headed households should be interpreted with caution.

Based on community focus groups in three southern African countries, Skinner et al [9] found that community members conceptualized children's vulnerability in terms of access to their fulfillment of rights, and recommended the use of a definition that incorporates material, emotional, and social factors. However, such a definition is difficult to apply; while tangible factors (e.g., parental illness, housing quality) are more accessible to measurement, psychosocial indicators including wellbeing and distress are much more

difficult to measure. Further exploration of the characteristics of vulnerability and their prevalence in communities is called for, in order to facilitate better program planning and better targeting of resources [8].

To help inform this issue, this paper presents an analysis of data collected in Zambia, a country with the dubious distinction of being among the countries whose children are worst affected by HIV/AIDS. National adult HIV prevalence is estimated at 16% [32] and in 2003, an estimated 19% of children under 18 had been orphaned [21]. The data in this paper were collected prior to the scale-up of the US-funded “RAPIDS” (Reaching AIDS-affected People with Integrated Development and Support) community-based care and support intervention in Zambia. RAPIDS is notable for its use of an integrated package of interventions to improve the quality of life of families affected by AIDS [33, 34].

Using quantitative and qualitative data, this paper explores community conceptualizations of what makes children and households vulnerable and in need of support. It also examines in greater detail two community-identified characteristics of vulnerability (child fostering and child-headed households) and presents the prevalence of vulnerable children using different characteristics. Finally this paper discusses the implications of these findings for the delivery of community-based care and support interventions.

Methods

Study sites

RAPIDS program implementers purposively selected six districts in Zambia for data collection from among the 44 districts where the intervention will be implemented, to represent a variety of culturally diverse rural, peri-urban, and urban settings. These were: Chongwe, Kalomo, Mpika, Ndola (quantitative and qualitative data), Mazabuka, and

Petauke (quantitative data only). Within each district, communities were randomly selected for inclusion in the district's study site using a multi-stage cluster sampling design.

Ethical approval

Ethical approval for the research was granted through the review boards of the University of Zambia, London School of Hygiene and Tropical Medicine, and the US-based international non-governmental organization Population Council, who was responsible for conducting the research. Sensitive to the delicate position of young people and families affected by HIV/AIDS, the study was designed to meet high standards of ethical compliance [35] including the key involvement of a local psychologist specializing in working with children affected by AIDS.

Household survey

A cross-sectional household survey was conducted among 1,503 households across the six district sites. Households were selected by systematic sampling. The survey included a complete enumeration of household members, and further questions about household and individual circumstances including economic and health status of household members. The survey instrument was developed through a participatory and iterative process involving implementing partners at headquarters and at the district levels, including those directly responsible for service provision. Due to linguistic variation in the study sites (covering up to seven languages) the survey was drafted in English, and skilled multilingual interviewers were recruited and trained to use simultaneous translation to administer the survey in the appropriate local language. The survey was pre-tested prior to the start of fieldwork.

Upon reaching a household, interviewers were trained to ask for the head to answer questions about their household and all members eating from the same pot, including any children who had been taken into their household, whether orphaned or with parents still living. If the head was unavailable, interviewers asked to make an appointment to return at a pre-arranged time or to conduct the interview with the spouse of the household head and record this. Interviewers encountering households with no resident adult were trained to apply stringent consent procedures requiring the informed consent of an adult in the community taking some degree of responsibility for the child-headed household. Data were entered by trained clerks who were also involved in the data collection, and a 10% sub-sample was double-entered for a quality check. Quantitative data analysis was conducted using SPSS v14.0.

Qualitative methods

In four of the study sites, qualitative research was conducted to explore themes emerging from the survey data. Focus group discussions, which included participatory exercises, were conducted among male and female adult and youth (aged 15-24) recipients of RAPIDS services (5 groups of male adults, 6 groups of female adults, 3 groups of male youth, 2 groups of female youth). Participants were purposively selected by community leaders and partner staff from among those known to have had contact with the RAPIDS intervention, with the aim of ensuring adequate representation from members of different household types. Thirty-three in-depth interviews with key informants were conducted singly or in small groups, including intervention partner staff, community and district-level stakeholders, and trained volunteer caregivers in the four sites. For the in-depth interviews, community representatives also nominated individuals who had not received services, but

were thought to be vulnerable. Interview and focus group discussion guides were developed in close communication with implementing partners and facilitators. Interactions were tape-recorded, translated, and transcribed. Transcripts from focus group discussions and interviewer notes from in-depth interviews were imported into ATLAS.ti for analysis. Codes were developed based on the facilitation tools and research questions, and a framework analysis approach was employed.

During focus group discussions with male and female adult service recipients, participants were asked to list problems facing their communities. No limits or structure were imposed on the participants, who were free to list as many problems as they liked using their own terminology. They were then invited to rank the problems that they had listed: each group member received a fixed allocation of stones or twigs to distribute among the issues discussed, to represent their importance.

Definitions

In this study, children were defined, based on local input, as unmarried individuals aged 18 or younger. An orphan was defined as any child with at least one parent dead or with unknown survival status, since a parent whose survival status is unknown is clearly not playing an active parenting rôle. Distinctions were made between maternal, paternal, and double orphans. Children who have been “taken in” were defined as those children who have been transferred from their original home into the care of another household for foster care. “Chronic illness” is a commonly used term typically covering long-term illness (3 months or more) including TB and HIV-related conditions, and was not explicitly defined to research participants. Chronic illness “in the household” included household members currently present or admitted to a health facility. Survey instruments sought to establish the

prevalence of “vulnerability characteristics” among children living in the household, including children having a sick parent, living in a household with someone who is sick, being taken in, living in a household with children who have been taken in, and living in a household that is female-headed, widow-headed, or elderly-headed. While this survey did not directly collect data on disability, disabled household members were listed under the chronic illness category.

Results

1 Household sociodemographics and composition

Using the household survey, respondents from 1,503 households were interviewed across the six sites, providing data on 5,009 children. Sociodemographic characteristics of respondents are shown in Table 1.

Depending on the site, 37% to 52% of respondents were female. These women were divided equally between female household heads and wives answering on behalf of their husband who was the household head. As expected, male respondents generally had higher levels of school attendance and had reached more advanced levels of schooling than females. The majority of male respondents were currently married (84-91% across sites), while many female respondents were widowed (24-39%) or divorced/separated (9-16%). Polygamous marriage was reported by between 4% and 17% of currently married men and between 2% and 25% percent of currently married women, most commonly in rural Mazabuka and least commonly in urban Ndola. The tribal distribution in the six study sites followed expected geographical patterns, with tribal groups being most mixed in the more urbanized settings of Kalomo and Ndola. Mean length of residency (without controlling for age) appeared longer in more rural locations such as Mazabuka, where agricultural-based

livelihoods predominate, than in the urban and peri-urban settings surveyed in Ndola and Kalomo, characterized by formal employment-based livelihoods.

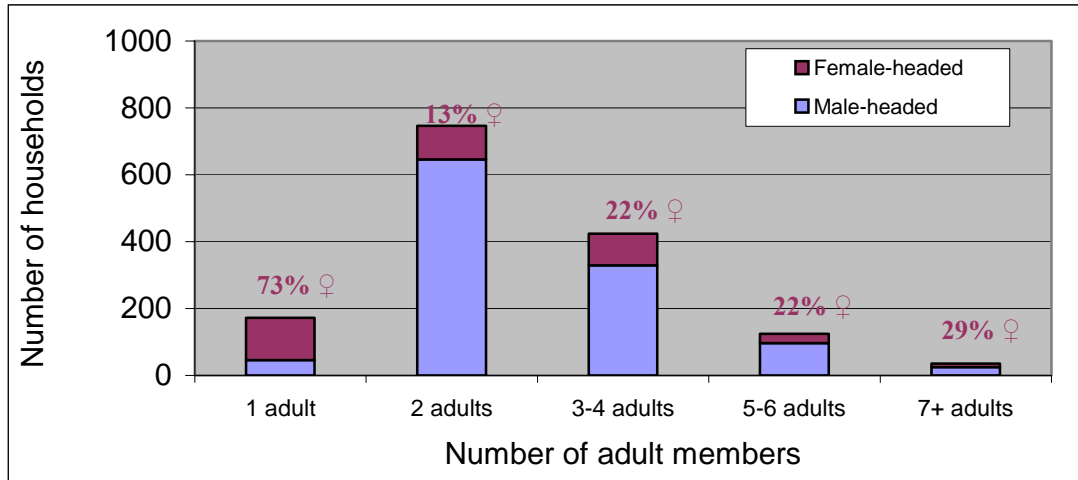
Table 1: Description of household respondents

		District name						Total (n = 1,503) %
		Chongwe (n = 241) %	Kalomo (n = 259) %	Mazabuka (n = 236) %	Mpika (n = 279) %	Ndola (n = 195) %	Petauke (n = 293) %	
Sex of head of household								
	Male	77	77	80	72	81	72	76
	Female	23	23	20	28	20	28	24
Respondent age (mean, in years)								
	Male	43	39	39	42	43	43	41
	Female	42	37	39	43	40	41	40
Respondent marital status								
Males	Single	4	10	3	9	5	4	6
	Currently married	86	84	92	84	86	91	87
	Divorced/separated	4	3	2	3	6	2	3
	Widowed	6	3	3	4	3	3	4
Females	Single	8	11	6	3	1	8	6
	Currently married	42	56	50	48	61	54	52
	Divorced/separated	15	9	16	10	11	10	11
	Widowed	35	24	28	39	27	28	30
% of currently married who are in polygamous marriages								
	Males	7	13	17	4	4	10	10
	Females	14	14	25	10	2	13	13

Figure 1 shows the number of households across the study sites by the number of adults (aged over 18) in the household, and by the sex of the household head. Households with more than one adult were more commonly male-headed. While female-headed households comprised only 24% of all households in the survey, in every study site they were disproportionately represented among the households with one adult. This pattern is representative of widows taking household responsibility following the death of their husband. Female household heads were generally older than male household heads: overall 23% of female household heads were aged 60 or above, compared to 14% of male

household heads. This difference was statistically significant ($p < 0.05$) only in the rural sites (Chongwe, Mazabuka, Mpika, Petauke).

Figure 1: Household composition - Number of adults by sex of household head



In each site, the median number of children per household (including biological children of the household head and other children fostered or taken in) was three, with a maximum of 13 children living in a single household.

2 Community problems

FGD participants were asked to take part in a free-listing and ranking exercise to describe the problems faced by members of their community. Results revealed remarkable uniformity in responses across sites, despite the diversity of settings. All groups rated the lack of food within their top four problems. The other main problems consistently given high priority by male and female community members alike were health problems (adult and child), the increasing number of orphans, agricultural production problems (especially the lack of farming inputs), and the lack of money, material goods, and earning opportunities. All the female groups also mentioned the poor quality of housing as a priority. Almost all groups highlighted insufficient schooling support for children. Adult males and females in Kalomo and Chongwe were particularly concerned about transport

problems. Adult females in the peri-urban site of Kalomo also mentioned inadequate access to water and sanitation facilities, while those in Mpika described the lack of care for the elderly.

As discussion continued, the moderator encouraged participants to describe the characteristics that render households vulnerable to the problems that they had just listed, or in need of support from external services. Despite the open, unstructured question, responses were again striking in their uniformity across sites. Participants responded by identifying as vulnerable those households that are headed by someone who is female, elderly, widowed, or disabled (including visual impairment and mental disability); those in which the head or another member is chronically ill; and those that include children who have been orphaned or taken in. Female-headed households often face great challenges providing for their households, exacerbated by caring for people who are chronically ill and by limited resources. Community members described how non-orphaned children living in a household that has taken in other children could be considered vulnerable, even if still living with their biological parents, as fixed household resources are shared between more mouths to feed. Households headed by children were frequently mentioned as being among the most vulnerable, with several participants describing child-headed households that they knew personally or were members of. Table 2 lists the main characteristics of vulnerability named by community members and stakeholders and why they were chosen.

While these community-identified vulnerability characteristics are consistent with expected responses, some participants across sites also mentioned the existence of vulnerable male-headed households outside of the categories mentioned that are simply unable to provide

enough food for all their members. They also cautioned that not all orphans were automatically vulnerable, and that some might receive good care from foster families.

Table 2: Key characteristics of vulnerability

Elderly-headed, widow/er household	There are also those who look after themselves and have no one to look after them, including the old who cannot work for themselves. <i>Female caregiver, Ndola</i>
Child-headed household	Most of the households in this community are child headed. This means that households are being run by children without adult care and support.... All my friends are double orphans as their parents are dead and no adult supports or looks after them. <i>Female youth, Chongwe</i>
Household that has taken in orphans	Households that have taken in orphans are vulnerable because they make even the biological children in those households not to have enough things in those households. <i>Male adult, Chongwe</i> Household heads that have taken in orphans, other children and are looking after many children. <i>Male community stakeholder, Kalomo</i>
Household with a member who is chronically ill or disabled	Especially those households looking after chronically ill. These households have no breadwinner to provide the necessary requirements. They are incapable of providing for themselves. <i>Female adult, Chongwe</i> Households for the disabled and visually impaired are often neglected and these should be receiving services. <i>Female adult, Chongwe</i>
Other	Some households are just vulnerable because the household heads are just not able to provide the necessities in those homes. <i>Male adults, Chongwe</i> I think all households which have no food or have insufficient food supplies. These need to be provided with food relief, seeds, and other farm inputs. <i>Female adults, Chongwe</i>

3 Households that have taken in children and child-headed households: further exploration of two characteristics of vulnerability

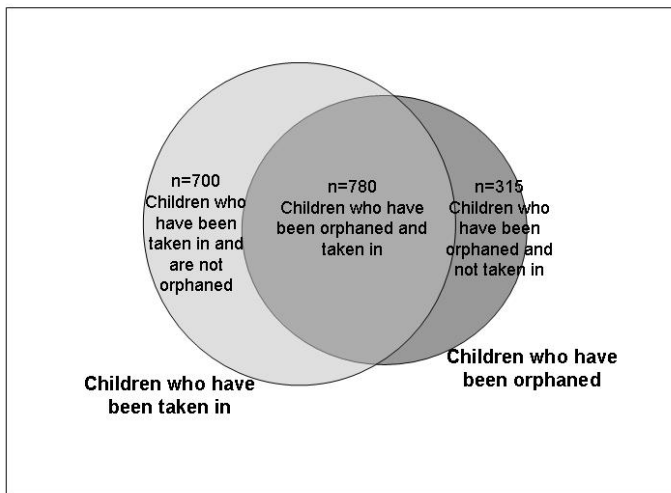
This section provides further investigation into two of the characteristics of vulnerability identified by the community.

a. Households that have taken in children

Children who have been taken in include children living in the care of relatives or non-relatives, whose parents may be dead or living elsewhere. Fostering by the extended family has long been common in Africa [36]. Some fostered children may be receiving remittances from their distant parents, who may have migrated to an urban area in search of work. Children who have been orphaned may have been taken into a new household for

foster care, they may be living with one surviving parent in their original parental home, or they may remain with older siblings in their original home. Thus, children who have been taken in are not always the same as the children who have been orphaned. As shown in Figure 2, of the 5,009 children in this dataset, 1,795 (36%) were either orphaned or taken in. Within this group, 780 (43%) were both orphaned and taken in, and almost half of the children taken in had not been orphaned.

Figure 2: Orphanhood and being taken in (fostered) among children (n = 5,009)



Across all the study sites, children who had been taken in were more commonly living with maternal relatives (65%) than paternal relatives (25%) or other households. In most study sites, children who had been orphaned and who were not living in a household headed by their surviving parent were most commonly living with a grandparent (Table 3).

Table 3: Relationship of orphaned child to household head

	District name (number of children)						Total (n = 1,095) %
	Chongwe (n = 168) %	Kalomo (n = 233) %	Mazabuka (n = 118) %	Mpika (n = 218) %	Ndola (n = 170) %	Petauke (n = 188) %	
Biological child, i.e., living with a surviving parent (not taken in)	20	34	20	39	17	35	29
Brother or sister	5	9	5	4	11	10	7
Grandchild	41	19	49	37	41	25	33
Nephew or niece	21	27	20	14	28	25	23
Cousin	1	1	1	1	0	1	1
Stepchild	7	2	1	2	0	2	2
Brother- or sister-in-law	4	2	1	1	2	2	2
Neighbor (i.e. unrelated)	0	0	1	0	0	0	0
Other relative or household helper	1	6	2	3	1	1	2
Self (child household head)	0	0	0	0	0	0	0
Other	1	1	1	0	0	0	0

Focus group discussions with community members, particularly youth, provided further insight into the circumstances of and motivations for fostering. Participants explained that it is not just children who have been orphaned who are taken in to live in other households: motivations for fostering children (including those not orphaned) include the desire to support households in which parents are struggling to support their children because of illness or poverty, and to enable children to live closer to school. Participants described fostering as being associated with both relatively better-off households (preferred *ex ante* so as to provide sufficient support to children) and with relatively more impoverished households (description *ex post*, as a result of sharing finite household resources among more members). Male focus group participants in Chongwe and Kalomo also mentioned that maternal orphans with a surviving father were likely to be fostered if the father could not cope with caring for his children.

Sometimes it happens that the father can't manage to look after his children, then as a relative who is able I can get them. *Male adult, Chongwe*

Participants at all sites described how the responsibility of caring for children following parental death *should* fall to the child's extended family, most often children's grandmothers.

When a couple dies and leaves children behind, it is the responsibility of the extended families to take care of those children. / Each household head has a next of kin who will take care of their children when they die. / Because any other person who is not a relative and even a distant relative would most likely abuse the children. / They would use them for monetary gain. / They would not give them proper care. / If the children did not stay with relatives, they would not feel good. *Male adults, Chongwe*

Female participants described that sometimes the only surviving relative was faced with no choice but to take in children who have been orphaned. However, in a discussion among female youths, participants described how these days relatives cannot always be relied upon to take in children who have been orphaned, especially those with many siblings, leading to the rise of child-headed households and children living on the streets.

It is very common in this community for relatives to show reluctance in keeping orphans. / Most of us orphans have no relatives to look after us and if they are alive, they cannot take us in because we are too many. / It is true that some orphans are too many to be looked after by a single family. You find that orphans have no other option but to look after themselves when their relatives fail to take up the responsibility of taking them in. *Female youths, Chongwe*

Material gain was frequently mentioned as a motivation for fostering: community members pointed out that orphaned children often bring inherited assets (mainly property or money) into the household, the parents of non-orphaned children may be sending remittances, and children old enough to work increase the household's manpower.

Relatives can only keep you for a while, when parents left some assets behind. Once the assets are finished orphans are kicked out of the relatives' homes. / Relatives have no time for orphans if deceased parents did not leave any finances or other assets. *Female youths, Chongwe*

While some of the female participants mentioned motivations of love, sympathy, and pity, other participants felt that the material benefits that fostering orphaned children brings to the household, including support from NGOs, provided a strong motivation for fostering.

Some relatives are evil. They foster children in order to accrue benefits that are given to orphans by organizations like World Vision. (Laughter ...) / [Previous speaker] is quite right ... these things are happening in our village. *Female adults, Chongwe*

Many families benefit through receiving support from NGOs which target orphans. Some households keeping orphans end up benefiting through receiving food supplies. *Male adult, Chongwe*

Research participants described the advantages and disadvantages of fostering to the child and the household. While adults (especially males) emphasized the provision of guidance *in loco parentis*, financial support, protection from abuse, and improved access to education as advantages to the fostered child, youth participants across sites reiterated that fostering was no guarantee of such benefits, and indeed may even expose orphaned children to greater risks of abuse or overwork and being forced to drop out of school. Participants across all sites were quick to point out that taking a child into the household resulted in less food, money, and other resources for other household members, while several youth participants described preferential treatment favoring the biological children of the fostering household. A male participant in Kalomo took a long-term perspective, mentioning the help that the fostered child would eventually come to provide to the fostering household when he/she was grown up and educated. Table 4 illustrates the advantages and disadvantages of fostering as articulated by the research participants.

Table 4: Advantages and disadvantages of fostering

	Advantages	Disadvantages
To fostering household	<p>The orphans bring in additional assets in the households. This is some benefit to the household looking after the orphan.... / ...Other households benefit from the extra manpower for house chores and farming activities. <i>Female adults, Chongwe</i></p> <p>If the child grows and happens to finish school and get a good job, he will not forget you, he will repay you in some way. <i>Male adult, Chongwe</i></p> <p>Most households get to have extra labor for the cultivation of fields during the rainy season. <i>Female youth, Chongwe</i></p> <p>They [the household] also benefit, they eat [food rations] in that child's name. <i>Male adult, Chongwe</i></p>	<p>Households become worse off as little resources are split for many household members. / We get to have less food in our households due to fostering. <i>Female adults, Chongwe</i></p> <p>There is very little food in the households to cater all people.... / Families' little resources are split among many households members. <i>Female adults, Chongwe</i></p> <p>There is less food to eat in most of these households. <i>Female adults, Mpika</i></p> <p>Most of the households that have taken in children lack of money for food, user fees at schools, and clinics. <i>Female youths, Chongwe</i></p>
To fostered child	<p>The positive part of fostering is that orphans get to have parental guidance and support. (Agreement) <i>Female adults, Chongwe</i></p> <p>We take them in so that they can easily forget about their situation because it can lead to mental sickness if they are left alone and thinking about what has happened to them. <i>Male adults, Kalomo</i></p> <p>Orphans get to have parental guidance and financial support when taken in. <i>Female adults, Chongwe</i></p>	<p>Orphans are stopped from going to school so that they can do all the chores at home and tend to the fields... / As a result of lack of food in the households, orphans are psychologically, verbally, and physically abused in these households. (Agreement) <i>Female adults, Chongwe</i></p> <p>They even put you under pressure such that you go to school without eating and if you come a bit late you don't find food, so in the end you stop even going to school. / ...Sometimes you're sent to draw water at awkward times—maybe it is time to eat—you just have to go and leave them eating and go to draw water. Also being accused of doing wrong even when there is nothing wrong. (Laughter) <i>Male youths, Mpika</i></p> <p>There are differences in ways the food is shared in the households. Orphans get less or no food at all. <i>Female youth, Chongwe</i></p> <p>Children below 8 years are sent out in the night to draw water or sent to work in the field / Other orphans are told to drop out of school to earn extra money for the family or to herd cattle which the household does not keep or own. <i>Female adults, Chongwe</i></p>

b. Child-headed households

The quantitative survey did not reveal any households without a resident adult (aged over 18). The stringent consent procedures required for children without adult guardians, which the interviewers said were difficult to achieve in practice, may have led to child-headed households not being included in the final sample. Another reason may be that children living without adult guardians may have hidden this information from the interviewers if they thought that revealing this information would get them into trouble. In contrast, qualitative exploration revealed that community members were well aware of such households within their midst, and some youths described their own child-headed households.

My house is a child-headed household. My parents died 4 years ago and being the eldest I look after 6 siblings. I have to put food on the table and pay school fees especially for those in secondary school.... / I have taken up responsibility of looking after my siblings. I like school but attending school won't put food on the table or pay for the much needed school fees. I would rather work on the farms and earn an income for my family. *Female youths, Chongwe*

There was a family there near the road, but this time they came and got him and he used to manage, he used to sell a few items. / I also know one family first the father died and after just a while the mother died too. It was this year, about some three months ago. So the girl and the boy decided to stay on, so they are there up to today. *Male adults, Ndola*

Adult community members described such households, typically headed by an older sister taking care of younger siblings, as experiencing a range of problems consistent with those identified earlier as the major community problems: lack of food and money. Dropping out of school and poor quality housing were also frequent themes. Adults described children living in such households as being engaged in risky behaviors, with a lack of money forcing young females into selling sex and young males into committing criminal activities. In Kalomo, some children were reported to be living alone in a rented house in the compound so as to be close to school, since they could not afford boarding fees.

Ok, many of them drop out of school. / They also find difficulties in finding food / It is difficult for them to get a tin of maize. (Laughter) ... / When young people look after themselves most of the times they argue with each other (Laughter) / [Moderator] So they can't do their tasks properly, right? / Oh yes, they can't work properly. / And there are times when life becomes hard so they start thinking about if their father was around. / If it is the girls they find themselves involved in prostitution. *Male youths, Mpika*

Several male and female youths participating in the focus group discussions described living in child-headed households and talked about the lengths to which they had to go in order to support their siblings' school attendance and food needs. Some children living in child-headed households expressed resentment that they were not receiving sufficient support from their relatives and community.

In the past, after the death of parents orphans were looked after by the deceased parent's brothers or sisters. In this day and age, as orphans we are looking after our siblings and no relative is willing to take up responsibility of looking after orphans. / Each man for himself and God for us all. No one cares about orphans. / Orphans look after each other and no relative cares. / As orphans we are earning a living to care for our siblings. Once we have nshima for the day then you feel that you are taking care of your siblings. *Female youths, Chongwe*

If relatives are failing to look after orphans, who else in the community can look after orphans? People have become self-centred in this community. Neighbors cannot even support you when experiencing problems as a child head. *Female youth, Chongwe*

While community members acknowledged the existence of CBO and NGO initiatives supporting food, schooling, and shelter for child-headed households, they said that support

was insufficient, and that more ought to be done by the Government and by churches. Youth suggested that appropriate support initiatives for those living in child-headed households should include food, microcredit, and farming inputs. A community stakeholder in Mpika suggested that children living without adult guardians need skills training, and males in Chongwe commented that it would have been helpful for the deceased parents to have better prepared their children for the challenges that lay ahead.

4 Prevalence of vulnerability characteristics

In section 1, community members identified characteristics rendering households and children vulnerable to experiencing the major problems in their communities. This section examines household survey data to find out the prevalence of each of these characteristics of vulnerability among individual children.

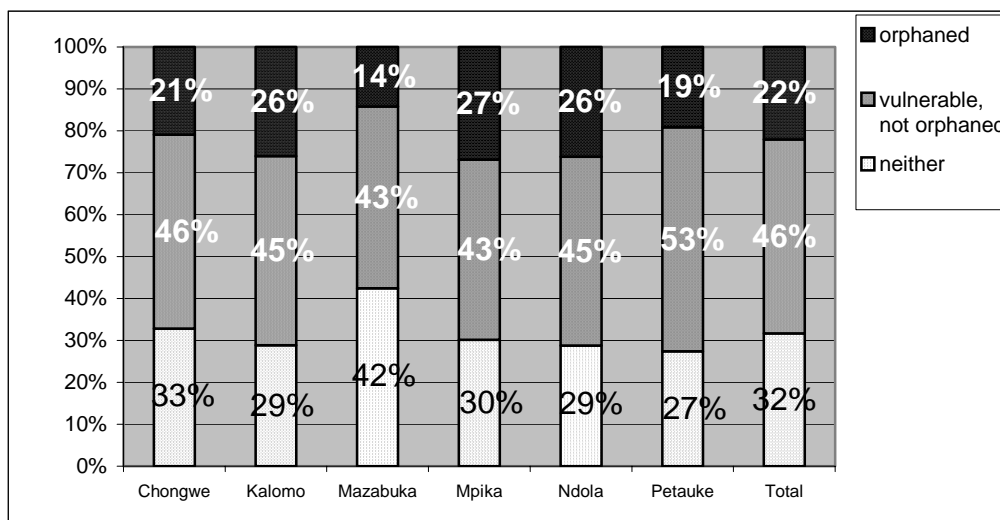
Using a broad definition of vulnerability that includes all of the characteristics identified previously (living with a parent or someone else who is chronically ill; being taken in from another household; living in a household with children who have been taken in; living in a household headed by someone female, elderly, or widowed), data indicate that at all sites, a majority of children—from 58% of children in Mazabuka to 73% of children in Petauke—could be classified as “orphans and vulnerable children.” Table 5 gives details about the prevalence of orphanhood and the community-defined characteristics of vulnerability.

Figure 3 shows the overall distribution of orphanhood and vulnerability by site.

Table 5: Prevalence of vulnerability characteristics among children by site

		District name (number of children)						
		Chongwe (n = 802) %	Kalomo (n = 923) %	Mazabuka (n = 830) %	Mpika (n = 823) %	Ndola (n = 649) %	Petauke (n = 982) %	Total (n = 5,009) %
Orphaned (% of all children)	Maternal orphan (mother dead or unknown)	5	5	4	2	5	4	4
	Paternal orphan (father dead or unknown)	10	13	7	14	11	10	11
	Double orphan	6	8	4	10	11	5	7
Vulnerable (% of all children)	Child lives with a parent who is chronically ill	2	2	1	4	4	5	3
	Child lives in a hh with anyone who is chronically ill	13	11	12	20	13	28	17
	Child has been taken in from another hh	34	32	26	27	32	29	30
	Child lives in a hh that has taken in children	54	60	44	48	62	53	53
	Child lives in a female-headed hh	20	22	15	26	19	27	22
	Child lives in an elderly-headed household	11	11	12	14	14	17	10
	Child lives in a widow/er-headed household	15	13	9	20	16	14	14

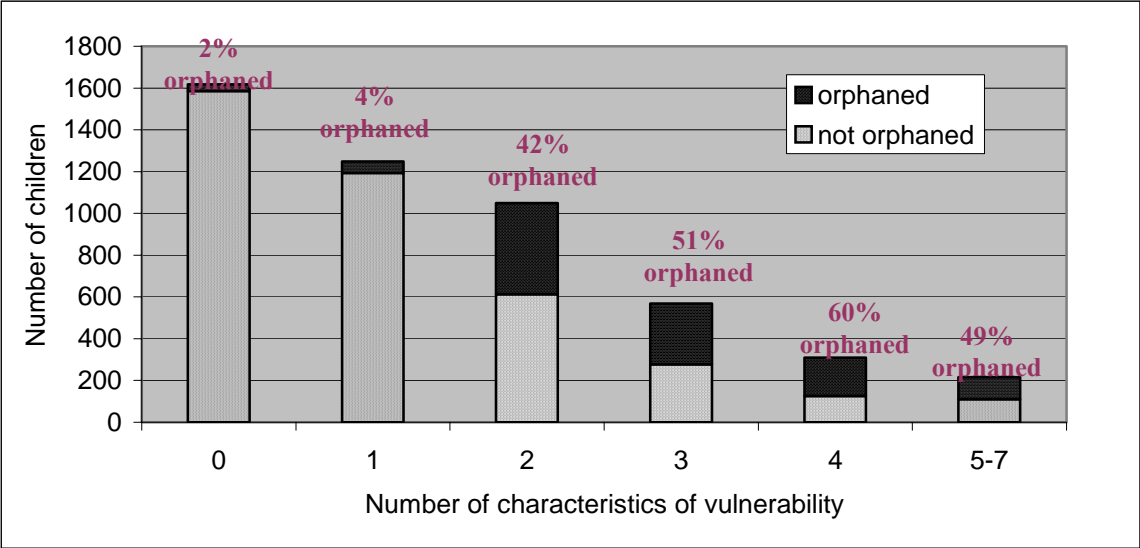
Figure 3: Overall distribution of orphanhood and vulnerability by site



The distribution of community-identified characteristics of vulnerability at the household level revealed some clustering: for example, female household heads were likely to also be

elderly and/or widows, and in 13% of all households with someone chronically ill, there was more than one chronically ill person. Figure 4 illustrates that children with more characteristics of vulnerability are more likely to have been orphaned, especially for children with more than one characteristic of vulnerability.

Figure 4: Distribution of vulnerability characteristics



Discussion

This study highlights the need to carefully consider the meaning of “vulnerability” when targeting programs and policies to support children who have been orphaned and rendered vulnerable. Enlisting local community input can help to develop context-specific criteria for the distribution of program resources. Community members in this study proposed characteristics of vulnerability to identify children who are most in need of external support. These were children living in the following circumstances: with a parent who is chronically ill, with a household member who is chronically ill, having been taken in from another household, with children who have been taken in from another household, in a

female-headed household, in an elderly-headed household, in a widow/er-headed household.

In the case of child-headed households, the rich qualitative data highlighted the advantage of this approach in identifying and describing the existence of these households compared to the household survey, supporting other research indicating that survey methods appear inappropriate for the enumeration of child-headed households. In research of this nature, youth-focused participatory and qualitative research methods are better suited for revealing insights into the circumstances of young people.

Targeting children for social protection programs through the use of strict eligibility criteria may offer the advantage of being an efficient way to distribute resources, but may also create ethical hazards if the criteria arbitrarily exclude children who may be “vulnerable” for other reasons, may stigmatize children by labeling them, and may introduce perverse incentives into the community, such as taking children into a house in order to meet specified eligibility criteria. If used, eligibility criteria for social protection programs need to be appropriately specific in identifying vulnerability, yet sufficiently flexible to recognize community realities and avoid creating unwanted incentives for fostering. However, in situations of extremely limited resources, the clustered distribution of vulnerability characteristics raises the possibility of setting a service entry threshold using more than one vulnerability characteristic, or distinguishing between different types and levels of vulnerability among children. Particularly in communities such as those examined in this study, where a majority of children have been orphaned or could be considered vulnerable, program managers need to evaluate the advantages and disadvantages of targeting compared to broad-based programs reaching all children in the community.

Despite the growing body of evidence regarding children who are vulnerable but not orphaned, orphanhood remains perhaps the most visible and easily measurable way in which children are affected by AIDS. While researchers and policymakers continue to use orphanhood as a tangible indicator representing a much larger set of problems faced by children affected by AIDS, and as a yardstick for making comparisons between countries and over time, service providers also require data on other individual and household circumstances rendering children vulnerable in order to tailor their support. There is a need to develop monitoring systems for social protection programs that meet the specificity of local operations, while retaining the ability to analyze data in accordance with national and international definitions.

In line with community suggestions, ongoing analysis of data from this study aims to supplement the seven characteristics of vulnerability outlined here with an eighth factor representing economic status, based on household asset ownership. Future research linking these vulnerability factors to child- and household-level welfare outcomes will also be helpful in determining which are most relevant for efficient and appropriate resource use.

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