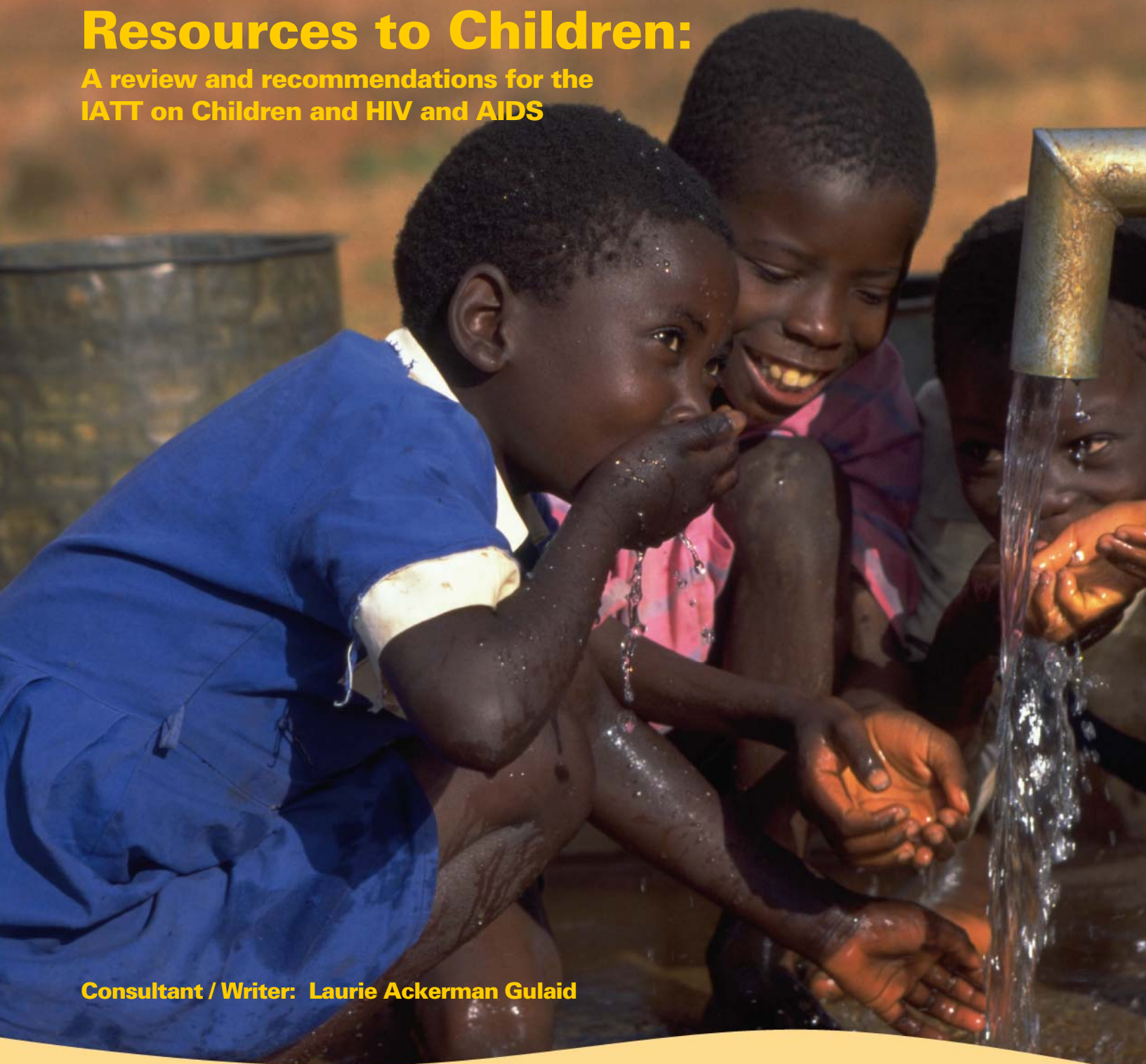


# Targeting AIDS Mitigation Resources to Children:

**A review and recommendations for the  
IATT on Children and HIV and AIDS**



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## Acknowledgements and Proviso

Thank you to the international experts who took part in key informant interviews and/or reviewed the first draft of this paper. The discussions and feedback provided significant insight and direction. There were several key informants that could not be reached and therefore have not yet been able to contribute. However, this paper is intended to stimulate a wider dialogue - a dialogue that can ultimately lead to clearer guidance on targeting AIDS mitigation resources to children.

## Acronyms

AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
IATT	Inter-Agency Task Team
MDG	Millennium Development Goals
PEPFAR	President's (United States) Emergency Plan for AIDS Relief
PMTCT	Prevention of mother to child transmission, also called PPTCT (prevention of parent to child transmission)
RAAAP	Rapid Assessment, Analysis and Action Planning
SAARC	The South Asian Association for Regional Cooperation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

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## BACKGROUND

Global leaders first recognized and committed to specific action for children affected by AIDS at the United Nations General Assembly Special Session (UNGASS) on HIV in 2001 where they set time-bound goals for providing a supportive environment, including equity of access with other children, and ensuring non-discrimination for orphans and girls and boys infected and affected by HIV and AIDS. (UNAIDS et al 2004) Since that time, there has been an impressive surge for children affected by AIDS in terms of visibility within the HIV and AIDS response, advocacy, resources, programming, partner involvement, data collection, research and policy guidance. Three donor governments, the United States, the United Kingdom and Ireland, have earmarked specific and significant funding for children affected by AIDS. There is also a greater demand for monitoring and accountability. As experience mounts in supporting children with AIDS resources, dialogue and debate continue about who these increasing resources and initiatives should specifically aim to benefit.

Difficult questions and debate persist around targeting AIDS mitigation resources to children. Should these resources focus specifically on children affected by AIDS or on a broader group of orphans and vulnerable children? What is the definition of vulnerability and what criteria can be used to measure it? How does HIV prevalence affect targeting? The very nature of these questions defies a single response for all settings and ideologies. (Devereux & Sabates-Wheeler 2007)

Recognizing the importance and complexity of targeting significantly increased resources for children, the Inter-Agency Task Team (IATT) on Children and HIV/AIDS has scheduled a discussion of this topic as part of their agenda for September 2007. Specifically, the IATT will consider whether to develop a global consensus statement on targeting. In preparation for the meeting, the IATT steering committee commissioned this background paper to review issues, current guidance and practices on targeting and to make recommendations to the IATT.

This paper is based on literature review, telephone interviews with representatives of several international organizations and feedback from technical reviewers of the first draft. At the outset, it must be noted that although the evidence base on targeting AIDS resources to children has grown, it is still lacking. Many of the documents reviewed fall into the category of grey literature. The studies on targeting that have been carried out are often based on small pilot programmes with limited insight as to how they would be scaled up or translated in other settings. Lack of evidence on targeting is an acknowledged constraint in the literature.

Although there is still a divergence of views on many of the issues related to targeting, this paper attempts to highlight areas of convergence where the beginnings of a consensus statement may be found. The paper is organized as follows: 1) introduction 2) key issues 3) global guidance 4) national plans of action 5) emerging regional frameworks 6) the epidemiological context 7) programme-level practices and learning 8) observations and areas of consensus and 8) preliminary recommendations for the IATT.

## INTRODUCTION: VULNERABILITY, AIDS MITIGATION AND TARGETING

The *vulnerability* of children varies as a result of many, interrelated factors, including age, gender, family care, poverty, disability, violence and food security among others. The AIDS epidemic increases children's vulnerability in many tragic ways. A child's vulnerability increases as a direct result of his or her own positive HIV status or because of the HIV infection, illness and death of a parent that results in loss of care, nurturing, income and other basic needs. Most often, the direct affects of AIDS create vulnerability both for the child and for the household. In high prevalence settings, children's vulnerability also increases as a result of the indirect affects of AIDS. When teachers and health workers become ill and die, when caretakers become overburdened and when the general economy is weakened by the lack of productive labour, children, households and communities are made more vulnerable.<sup>1</sup>

*AIDS mitigation* includes a broad range of interventions aimed at the protection, care and support of children made more vulnerable by AIDS. Included among these are efforts to ensure: fulfilment of basic needs, equitable access to basic services such as education and health care; alternative care for children without parents or family care; psycho-social interventions; and, legal protection from discrimination, exploitation, abuse, harmful labour and other rights violations.

*Targeting* AIDS mitigation resources to children is the process of identifying which children will receive the benefits of any given policy, programme or intervention. Targeting necessarily prioritizes certain children (or households or communities in which children are living) and directs the allocation of limited resources. The three major objectives in targeting are 1) that the assistance, services or support are received on the basis of need (i.e., vulnerability), 2) to avoid any harm that might result from targeting; and, 3) to ensure efficient and effective use of available resources.<sup>2</sup>

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<sup>1</sup> Within AIDS prevention, the term 'vulnerability' is used to refer to a child's risk of acquiring HIV infection. This paper focuses on mitigation of the affects of AIDS and therefore does not address this definition of vulnerability.

<sup>2</sup> Adapted from World Food Programme, 2007



## KEY ISSUES

Outlined below are some of the key issues around targeting AIDS mitigation resources to children.

### **Inconsistent use of terminology for children affected by AIDS**

A number of different terms are in use to describe the children AIDS mitigation resources are intended to benefit. These include 'children affected by AIDS', 'orphans and vulnerable children', 'orphans and other children made vulnerable by HIV and AIDS', 'children with increased vulnerabilities caused by AIDS', 'orphans and other children affected by AIDS' and several more. The definitions ascribed to these terms vary across programmes and documents. They are often used interchangeably without regard to their precise meaning. This has generated significant confusion in targeting.

### **'Children affected by AIDS' or all 'orphans and vulnerable children'?**

Two of the terms most commonly used to describe children targeted for AIDS mitigation resources are 'children affected by AIDS' and 'orphans and vulnerable children'. Although the specific definitions for these expressions vary across countries and programmes and the distinctions are not always clear, 'children affected by AIDS' is generally the more restricted term that includes children who have experienced the direct impact of AIDS while 'orphans and vulnerable children' is a more inclusive term, taking into account all children who have experienced direct or indirect affects of AIDS and children suffering other vulnerabilities (e.g., extreme poverty, food insecurity, disability, violence, etc). When targeting AIDS mitigation resources for children, a narrow approach as implied by 'children affected by AIDS' may precipitate harmful stigmatization and exclude vulnerable children while a broad approach as implied by 'orphans and vulnerable children' may diffuse impact. (Edstrom 2007)

### **Global definitions and indicators or locally defined vulnerability criteria?**

Global goals and indicators for children affected by AIDS focus on narrowly defined socio-demographic categories, including for example single and double orphans and children living with an ill parent. Increasingly, national and sub-national programmes are instead or additionally targeting on the basis of local vulnerability criteria (such as poverty, health status, household labour capacity, food insecurity, enrolment and attendance at school, etc). As a result, there is a growing tension between targeting programmes to reach the most vulnerable and targeting programmes to demonstrate progress on global goals and indicators.

### **Different targeting practices for different epidemic settings?**

Targeting practices in settings where children affected by AIDS make up a significant portion of all vulnerable children may not make sense or be feasible in settings where only a small minority of children are affected. To date, most of the experience and research in targeting comes from high prevalence countries. As more resources become available in countries with low and concentrated epidemics, different recommendations are being made about the most appropriate way to target those resources to children.

## **Other initiatives for children and larger development agendas**

Targeting AIDS mitigation resources to children takes place in the context of other development agendas and initiatives intended to benefit children, including the Convention on the Rights of the Child, Education for All, specific disease elimination and eradication efforts, elimination of the worst forms of child labour and many others. Special interest funds such as AIDS mitigation resources for children can create tension with and even detract from other, more universal initiatives and broader development goals. When especially abundant, these resources can warp the development agenda. Identifying approaches to targeting that enhance other development agendas while still achieving desired outcomes for children affected by AIDS is an ongoing challenge.



## GLOBAL GUIDANCE

Through the Millennium Development Goals and the General Assembly's Special Session on HIV, the United Nations provides global level guidance for the response to children affected by AIDS. Major government donors, including the United Kingdom and Ireland, endorse and follow the guidance provided by the United Nations. As the largest single donor for orphans and vulnerable children with accountability to the United States Congress, the United States government supplements global guidance with its own criteria for targeting AIDS mitigation resources to children. What follows is a brief review of targeting definitions and monitoring indicators adopted by the United Nations and the United States.

### United Nations

As outlined in the UNGASS goals, providing resources for children affected by AIDS is intended to create a supportive environment for orphans and other children made vulnerable by AIDS by resolving inequities with other children; meeting specific needs related to or caused by HIV; and, reducing stigma and discrimination that are a result of association with HIV and AIDS. To enable national-level monitoring of progress towards UNGASS goals, a coalition of partners developed a standard definition of orphans and other children made vulnerable by HIV/AIDS as follows:

*An orphan is a child below the age of 18 who has lost one or both parents. A child made vulnerable by HIV/AIDS is below the age of 18 and: i) has lost one or both parents, or ii) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or iii) lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, or v) lives outside of family care (i.e., lives in an institution or on the streets). (UNICEF, UNAIDS, USAID et al, 2005 p.17)*

Two indicators have been established to monitor these goals:

- 1) The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNGASS HIV Indicator), and*
- 2) The percentage of orphans and vulnerable children whose households received free basic external support in caring for the child (Millennium Development goal indicator).*

The UNGASS definition includes single and double orphans from all causes, but otherwise uses proxy measures to focus narrowly on children affected by AIDS. No specific vulnerability or risk criteria (e.g., living in extreme poverty, illness of the child, out of school) are used. This definition has been used extremely effectively to advocate for increased resources and attention to children affected by AIDS.

To measure progress on global goals, the monitoring indicators focus even more narrowly on equity in education of orphans and external support to households. The UNGASS indicator specifically focuses on orphans 10-14 years of age as the vulnerable group in education. All other children who may suffer disparity in education (e.g., the extremely poor, younger or older children, non-orphan girls, children living with disabilities, children living with ill parents, in households that have taken in orphans or

outside in the street) are included in the 'control group' for this indicator. The MDG indicator focuses on external support to households without reference to outcomes for children. The term 'external support' is vague and difficult to interpret. Neither indicator incorporates quality issues related to education or external support.

### United States

At US \$1.5 billion for the period 2004–2008, the US Government through the US President's Emergency Plan for AIDS Relief (PEPFAR) provides the largest single donor commitment for children affected by AIDS. To identify children who are potentially eligible to benefit from these funds, PEPFAR defines 'children with increased vulnerabilities due to HIV and AIDS' as follows:

*A child, 0–17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS includes orphans who have lost one or both parents to HIV/AIDS and children who are more vulnerable because of any or all of the following factors that result from HIV/AIDS: i) is HIV positive, ii) lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child), iii) lives outside of family care (e.g., in residential care or on the streets); or iv) is marginalized, stigmatized or discriminated against. (PEPFAR 2006 p. 2)*

The PEPFAR definition is more tightly focused on children affected by AIDS. Unlike the UNGASS definition, PEPFAR's definition excludes orphans from other causes. It incorporates vulnerabilities, but limited to those exacerbated by HIV and AIDS. PEPFAR monitoring guidance acknowledges that there will be both direct beneficiaries of services and support and indirect beneficiaries who benefit from general systems strengthening support.

In general, strict adherence to the global definitions and indicators when targeting resources to children would result in a relatively narrow approach focused relatively tightly on children directly affected by AIDS.

## NATIONAL PLANS OF ACTION

Supported by a coalition of donors, governments and civil society, the Rapid Assessment, Analysis and Action Planning Process (RAAAP) has been carried out in several countries of sub-Saharan Africa. The outcome of this process is the development of a national plan of action (NPA) for orphans and vulnerable children. As part of the NPA, countries have defined their target groups. The definitions of 17 RAAAP countries are listed in annex 1.<sup>3</sup> Most of these countries, with the exception of those in West and Central Africa, are classified as high prevalence countries.

It is significant to note that all of the NPA definitions go beyond children affected by AIDS to include other vulnerable children. Only two of the twelve countries in east and southern Africa explicitly mention HIV or AIDS while three out of the five in west and central Africa make specific reference to HIV or AIDS. Orphan criteria are largely consistent, including children who have lost one or both parents from any cause. The definitions of vulnerability vary substantially. Most include socio-demographic categories of children with some reference to vulnerability or risk. The definition from Mozambique includes a specific poverty criterion so that children affected by AIDS living in poverty are considered most vulnerable. The Tanzania plan uses the term ‘most vulnerable children’ to describe its intended group of beneficiaries.

Many of the vulnerability definitions are neither explicit nor operational (e.g., ‘a person under 18 years exposed to conditions which do not permit him/her to fulfil his/her fundamental rights for his/her harmonious development’ or ‘a child living in a high risk setting’) and are therefore inadequate for targeting programmes and resources.

Targeting AIDS mitigation resources to children as implied by the NPA definitions described above would result in variation across countries and would be a significantly broader approach than targeting according to global definitions.

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<sup>3</sup> Definitions are from reports prepared by UNICEF’s East and Southern Africa Regional Office and West and Central Africa Regional Office (2006). The NPAs for Kenya, Lesotho, Rwanda, South Africa, Tanzania and Uganda were still in draft at the time these reports were written.

## EMERGING REGIONAL FRAMEWORKS

In South Asia, countries are currently in the process of adopting a regional definition of children affected by AIDS that includes i) children living in or coming from a family where one or more parents or caregivers are HIV positive, ii) children who have lost one or both parents or primary caregivers due to AIDS, or iii) children and young people under 18 years of age who are HIV positive. Although the definition is tightly focused on children directly affected by AIDS, the regional guidance on programme targeting is more fluid. It suggests that children's vulnerability should be determined locally, that orphans from all causes should be supported and that in areas highly affected by AIDS, a rights based approach should be applied and all children should be supported. (UNICEF Regional Offices for South Asia 2007, SAARC draft framework 2007)

In East Asia, an analysis of social policy options for mitigating the socio-economic impact of AIDS on children is currently underway. In terms of targeting, discussions are pointing to a phased approach. The long term goal is to reach all poor and vulnerable children, but in light of large populations, cost implications and social conditions, children affected by AIDS are deemed an initial high priority target group. It is suggested that the shorter term focus would be on children living in poverty who are double orphans as a first priority followed by single orphans. For the purposes of targeting, children whose parents are chronically ill or are HIV positive might be included as well. With additional resources, the next level of targeting would be done geographically. (UNICEF EAPRO 2006 draft internal)

As described above, guidance and definitions at the global, national and regional levels are not consistent and have different and sometimes contradictory implications for targeting AIDS mitigation resources to children.

## THE EPIDEMIOLOGICAL CONTEXT

To illustrate the issues of targeting in different HIV prevalence settings, it is useful to look at east and southern Africa where HIV prevalence is extremely high and Asia where HIV prevalence is relatively low, but populations are very large.<sup>4</sup> These two factors, prevalence and population size, create significant implications for targeting AIDS mitigation resources to children.

In east and southern Africa, the proportion of AIDS affected children out of all vulnerable children is substantial. More than half of all orphans in the 11 countries listed below were orphaned as a result of AIDS. They comprise nearly half of the children in the world who have lost a parent to AIDS. An even greater number of children in these countries are more vulnerable as a result of the affects of AIDS on communities, national economies and health, education and social welfare systems.

Country	All Orphans	Orphans due to AIDS	Orphans due to AIDS as a % of all orphans
Botswana	150,000	120,000	76%
Kenya	2,300,000	1,100,000	46%
Lesotho	150,000	97,000	64%
Malawi	950,000	550,000	57%
Namibia	140,000	85,000	62%
South Africa	2,500,000	1,200,000	49%
Swaziland	95,000	63,000	66%
Tanzania	2,400,000	1,100,000	44%
Uganda	2,300,000	1,000,000	45%
Zambia	1,200,000	710,000	57%
Zimbabwe	1,400,000	1,100,000	77%
Total	13,585,000	7,125,000	52%

Source: UNICEF et al, Africa's Orphaned and Vulnerable Generations, 2006

In contrast, roughly 1.5 million or less than 2% of the over 80 million orphans in Asia were orphaned due to AIDS. (Brown and Walker 2005) Similarly, the proportion of children made vulnerable by AIDS is very small in Asia as compared to children made vulnerable by all causes.

In especially high prevalence countries of east and southern Africa where one in five adults or more is living with HIV, nearly all children are affected by AIDS in one way or another. There is a growing consensus among policy makers and practitioners that in high prevalence settings (be they countries or sub-national areas) it makes programmatic and ethical sense to target broadly for all orphans and vulnerable children, even when funding and accountability is tied to AIDS. The errors of inclusion will be small in relation to the number of children affected by AIDS that are effectively reached. (USAID Policy Project 2006) In some of the most highly

<sup>4</sup> For a succinct discussion of the HIV and AIDS vulnerabilities and affects suffered by children across all regions, see Loudon 2006

affected areas, a universal approach where all children benefit, may be the most appropriate and cost effective approach.<sup>5</sup> (RHVP 2007)

In low prevalence settings where the vast majority of children remain unaffected by HIV and AIDS and resources available for the AIDS response are less abundant, it is neither appropriate nor feasible to use limited AIDS funding for all orphans and vulnerable children. Resources should be focused on vulnerability related to HIV and AIDS, including reducing stigma and discrimination which are often especially severe in low prevalence settings. (Sussman 2006) As described in the East Asia policy analysis above, a phased approach to targeting can be adopted as more resources become available.

There are a myriad of epidemic settings that fall between the 'hyper-prevalence' of southern Africa and the huge populations in Asia. Other factors such as the availability of AIDS resources, the strength of the service delivery infrastructure and norms around caring for children also vary widely. In light of these differences, a singular approach to targeting is unlikely to be equally effective across countries and regions.

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<sup>5</sup> Examples of universal benefit programs that do not directly target but do benefit children affected by AIDS include the child support grant in South Africa and the national pension scheme in Lesotho.

## PROGRAMME PRACTICES AND LEARNING

The ultimate test of targeting is what happens at the programme or community level where selected children benefit from services and support. The range of targeted benefits includes social cash transfers, education grants, material goods, health fee waivers, supplementary food among many others. Debates around targeting have been most heated in terms of these types of interventions. Some of the current practices, learning and debate around programme level targeting are reviewed below.

### What has not worked well

Initially, AIDS mitigation resources for children were targeted at 'AIDS orphans', a label and focus which quickly lost favour due to its harmful potential for stigmatizing children and increasing their vulnerability. Later programming efforts often adopted the socio-demographic categories of children described in the UNGASS monitoring definition, including single and double orphans, children living with chronically ill parents and others without reference to specific vulnerability criteria. Through experience, these practices have proven inappropriate in the following ways.

- Policy makers and programmers recognized early on that it is not useful to distinguish the needs of orphans based on the cause of their parent's death.
- The growing body of evidence does not clearly nor consistently demonstrate that orphans (especially single orphans) and other children affected by AIDS suffer greater deprivation than all other children. Although findings vary, poverty is often a more significant variable and the impact of orphan hood is more nuanced. (AOVG 2006, Filmer 2002, Oleki et al) This results in errors of inclusion (including children who are not vulnerable) and exclusion (excluding the most vulnerable).
- Linking financial benefits to specific children (rather than households) can create inappropriate incentives and undesirable results. For example, in programmes where household support is dependent on the presence of orphans, financial and other incentives are created for taking in orphans. This may result in exploitation and inequitable treatment of orphans within households. (Greenblott and Greenaway 2007)
- A focus on orphaning due to AIDS is increasingly being used to justify opening new orphanages and pressuring countries to adjust their policies to facilitate inter-country adoption. This goes against the widely endorsed, evidence-based guidance on the need to prioritize keeping children in their families and communities. (UNAIDS et al 2004)
- The category of 'single orphans' as a targeting criterion is particularly controversial because many children around the world live in single parent households and evidence of disparity on this basis alone is lacking, even in areas of high HIV prevalence. In some cultures, the term orphan means a child who is without care and this is offensive to the surviving parent. (Greenblott and Greenaway 2007)
- Even where a narrower focus on children affected by AIDS is called for, using AIDS-related terminology in targeting criteria can cause significant harm to the child beneficiaries. Stigma and discrimination may increase because of the children's known association with AIDS and/or children may be exploited because of jealousy over the benefits they receive. As a result, these children can be further marginalized within their communities and made more vulnerable.



## Targeting in two stages

As outlined in the *Framework for the protection care and support of children living in a world with HIV and AIDS* (UNAIDS et al 2004), programmes are often targeted in two stages. The first phase involves geographic targeting to focus on children and families living in areas of high vulnerability. Geographic targeting is applicable at all levels of the response – globally, nationally and within countries – to target AIDS mitigation resources to the most affected.

Experience in geographic targeting within countries emphasizes the importance of disaggregated data and local consultation to identify areas of high vulnerability. Indicators that are useful in assessing child vulnerability for geographic targeting include: prevalence and trend of orphaning, statistics on infant mortality, access to safe water, immunization, primary school enrolment and drop out, girls' participation in school, nutrition, income levels, and unemployment. HIV prevalence is also an important indicator, but orphaning and other problems for children tend to lag the HIV rate by as much as ten years. Not all of these statistics must be considered or given equal weight, but all can be helpful measures. Based on available and reliable data – often from general census or survey, a composite indicator can be constructed to identify areas of high vulnerability. Service mapping is another component of geographic targeting to inventory the programs and resources that are already in place to address child vulnerability. Often, rural and ethnic minority populations may be relatively under-served, while services typically are concentrated in urban areas. Consultation with community members and personnel working in identified areas is important to assess the accuracy of statistically-based impressions.<sup>6</sup>

Within a prioritized geographical area, the second phase of targeting is to identify the most vulnerable children or households according to an agreed upon set of criteria. This often involves community participation in defining and applying the targeting criteria.

## Involving communities

Within the literature, there is disagreement and debate around the issue of community involvement in defining and applying criteria to identify most vulnerable households and communities. Supporters most often make reference to rural community-based initiatives. Support is based on the fact that community members are better positioned than national governments or external non-governmental organizations to know who are the most vulnerable children and families. Without community input, errors of inclusion and exclusion are more likely. By encouraging community members to take part in defining vulnerability and applying the agreed upon criteria to identify beneficiaries, existing goodwill is built upon and a sense of programme ownership is nurtured. Without this involvement, interventions are externally driven and there is a greater risk of stigma, discrimination and exploitation of beneficiaries. (Save the Children 2007)

Dissenters most often support national level targeting or universal benefits. They note that community involvement in targeting is labour intensive and may become burdensome and be difficult to scale up. They also argue that community involvement in allocating resources can be divisive and can perpetuate local patronage structures and gender biases. (RHVP 2007) Relying solely on community-based initiatives also raises the risk of missing children in urban

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<sup>6</sup> From written comments of John Williamson, Senior Advisor, Displaced Children and Orphans Fund, 2007

areas where communities are less cohesive and well defined as well as children living outside of households and family care, such as those on the streets or in residential institutions. The literature on targeting mitigation resources to these children, who may be especially marginalized and vulnerable, is scant.

## **Incorporating vulnerability criteria**

As described previously, it is now widely recognized that targeting solely on the basis of socio-demographic categories of orphans and direct or proxy measures of HIV affected children is inadequate, leads to large errors of inclusion and exclusion and may increase vulnerability. To better focus programmes, use of vulnerability criteria related to the planned benefits is increasingly being used. The research indicates that for economic, education and other disparities, poverty is a significant variable. Measures of poverty as well as additional criteria can help to ensure that the most vulnerable children are reached with specific interventions and benefits.

Evidence is mounting, especially in high prevalence countries, on the effectiveness of using vulnerability criteria without specific reference to AIDS to target children affected by AIDS. One recent example is a study of pilot cash transfer schemes in Kalomo, Zambia and Mchinji, Malawi. These pilot programmes focus on indicators of poverty (the ultra poor), high dependency ratios and/or limited labour capacity. The underlying assumptions are that AIDS affected families are poorer, have higher dependency ratios and inadequate labour capacity due to the illness and death of productive adults.

The researchers found that the share of household directly affected by HIV and AIDS, as a percentage of all households reached by these schemes, was approximately 70 per cent. They also found that 80 percent of all households directly affected by HIV and AIDS that are ultra poor and labour constrained were reached. It is likely in these high prevalence settings that the remainder of households had experienced indirect affects of HIV and AIDS. Should the schemes be scaled up to the national level, the authors project that the Zambia scheme will reach 400,000 children while the Malawi scheme will reach 680,000 children, an estimated 70% of whom are directly affected by HIV and AIDS.

The authors credit the success of these schemes in reaching vulnerable households and children directly affected by HIV and AIDS to 1) the precise targeting criteria used, 2) the multi-stage participatory and transparent targeting process in which community level committees play a decisive role, 3) the proactive process for identifying the most vulnerable that does not rely on the on intended beneficiaries to initiate application, and 4) the decentralized approval and delivery process that is swift and effective. (Schubert 2006)

## **Reducing stigma and discrimination**

AIDS-related stigma and discrimination greatly hamper the response to AIDS and can be aggravated by AIDS-specific targeting. As discussed earlier, it is generally agreed that specific reference to AIDS in the targeting criteria is harmful and to be avoided. In some circumstances however, such as low prevalence settings with limited AIDS resources, a narrower targeting approach on children affected by AIDS may be most appropriate. Strategies are being identified that improve targeting in these settings and reduce the potential for stigma,

discrimination and exploitation of beneficiaries. For example, in concentrated epidemics programmes may focus on groups of people who engage in high risk behaviours such as injecting drug users and sex workers or the geographic areas where they live. Another approach being used is to focus on 'families living with chronic illness'.<sup>7</sup> Where most chronic illness involves AIDS or tuberculosis, this approach results in relatively low errors of inclusion and a large number of families and children affected by AIDS being reached. Existing AIDS interventions, such as antiretroviral therapy, voluntary counselling and testing (VCT) and prevention of maternal to child transmission (PMTCT) are promising and underutilized gateways for identifying and reaching children affected by AIDS. Once identified, these children can be provided with HIV-specific services and/or integrated into ongoing broader child welfare initiatives. (Policy Project 2006)

### **Working upstream to strengthen systems**

AIDS mitigation interventions most often operate at two levels, individual benefits such as those discussed above and upstream efforts to strengthen systems. This is because cash transfers and other individual benefits cannot reduce vulnerability without the availability of quality basic services, such as education and health care. Systems-level interventions aim to improve policies, legislation and the quality and coverage of basic services. Strengthening social welfare ministries, which are often very weak, is particularly important to providing protection and care for children. These capacity building interventions are universal in terms of benefit. They improve circumstances for children affected by AIDS, but also contribute to the fulfilment of all children's rights. Where infrastructure and service delivery are particularly weak, a greater proportion of AIDS mitigation resources will be required to address systems strengthening. Where infrastructure and service delivery are strong as in Latin America, targeted benefits that are conditional on school attendance or service utilization, can be very effective. (Barrientos et al 2006) When targeting AIDS resources to children, the local context guides the allocation of resources between individual benefits and systems strengthening.

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<sup>7</sup> This terminology is used in home based care programmes supported by AIDS Alliance and Family Health International (key informant interviews with Kate Harrison and Gretchen Bachman).

## OBSERVATIONS AND AREAS OF CONSENSUS

This review of targeting issues, guidance and practices offers the following observations and areas of consensus:

*There is confusion around targeting AIDS mitigation resources to children.* Terminology related to targeting is currently ambiguous and at times contradictory, making even the dialogue on targeting more complicated. This confusion is creating tension between guidance provided at the global, regional, and national levels and programming practices. For example, targeting resources to achieve progress on global indicators may detract from meeting the needs of the most vulnerable children.

*No single targeting approach is appropriate for all settings.* Targeting criteria and procedures must be contextualized. HIV prevalence, available resources, population size and the strength of the existing service delivery infrastructure among other factors will influence decision making in terms of the allocation of resources.

*Broader targeting is called for and appropriate in high prevalence settings.* In high prevalence settings, the majority or in some cases all children are more vulnerable because of the direct and/or indirect affects of AIDS. In addition, AIDS mitigation resources for children are concentrated in high prevalence areas. Under these circumstances, it is appropriate from a programmatic and rights-based perspective to broaden the targeting criteria for AIDS mitigation resources.

*The use of AIDS-related terminology in targeting should be avoided.* Labelling children according to the affects of AIDS they are experiencing can cause increased stigma, discrimination and exploitation and ultimately increase the vulnerability of targeted beneficiaries.

*Vulnerability factors should be included in targeting criteria.* Research and experience increasingly indicates that incorporating vulnerability criteria within composite indicators for targeting is essential for ensuring that vulnerable children are not excluded. Recent evidence reveals that vulnerability criteria even without specific reference to the affects of AIDS can be very effective for reaching children affected by AIDS.

*AIDS mitigation resources need to be targeted at strengthening systems as well as for individual benefits.* Cash transfers are an increasingly popular intervention for children affected by AIDS. However, without the availability of quality basic services, cash transfers alone will be less effective at reducing child vulnerability. Targeting AIDS mitigation resources for children must taken into account local infrastructure and allocate between individual benefits and building systems capacity.

*Significant AIDS funding can warp the development agenda.* Situation assessment, community involvement and consultation with stakeholders in decision making around targeting can help to ensure that resources respond to local vulnerabilities rather than introducing external priorities and new incentives. Ensuring that all initiatives targeted for children are integrated into National AIDS Plans and larger development agendas can help to reduce duplicative benefits and missed areas of vulnerability.

*Reducing stigma and discrimination will facilitate more effective targeting.* HIV-related stigma and discrimination continue to be major obstacles in all aspects of the response across countries and regions. It is essential to identify targeting strategies that reduce rather than inflame stigma and discrimination.

*Evidence on targeting is lacking.* The evidence that exists is heavily focused on pilot or small scale projects in high prevalence areas. Larger desk reviews note the lack of evidence as a major constraint to developing recommendations. Better monitoring and a systematic review of targeting practices and outcomes would contribute to the development of more comprehensive and appropriate guidance.

## PRELIMINARY RECOMMENDATIONS FOR THE IATT

The IATT on children and HIV and AIDS provides a forum for supporting an accelerated and expanded response to protect the rights of children affected by AIDS. The IATT specifically aims to promote coordination and harmonization of policy guidance and programming; advocate both internally and externally for accelerated implementation of evidence-based interventions; promote the development and sharing of information; and support and broaden networking and collaboration. In light of its role in advancing the protection and support of children affected by AIDS, the following recommendations are offered to the IATT:

***The IATT should work to develop a consensus statement on clearer guidance for targeting AIDS mitigation resources to children.*** A lot of experience has been accrued at all levels of the response since the UNGASS on HIV in 2001 and the publication of the Framework in 2004. Yet, little systematic guidance has been provided on targeting. Insights from this review and the IATT discussions in September 2007 can provide the launching platform for a consensus statement. Expanded dialogue to include other stakeholders and a more systematic review of targeting practices and effectiveness will be required to complete the task.

***The IATT should advocate for and support the development and dissemination of tools to assist in targeting AIDS mitigation resources to children.*** Types of tools that are needed include:

- 1) Targeting typologies that suggest targeting strategies for different epidemic settings and interventions.<sup>8</sup>
- 2) A menu of recommended indicators for targeting AIDS mitigation resources to children. Based on intervention area, the menu should list the identified strengths and weaknesses of different criteria and recommend a core set of indicators or categories from which composite indicators should be created.

***The IATT should advocate for reconsideration of the UNGASS and MDG monitoring indicators for children affected by AIDS.*** Standard global indicators are important for ensuring accountability and progress across countries. To be useful, the indicators need to be clear and simple to measure while still reflecting the complexity and variability of the response. The two indicators currently in use are too narrow and can bias targeting in inappropriate ways. Monitoring progress on more universal indicators can reflect the impact of interventions targeted at the most vulnerable children and should be promoted.

***The IATT should encourage and support efforts to improve the evidence base on targeting.*** Commissioning a systematic review of data available on targeting practices and outcomes could be a first step in this process. The IATT can also advocate for more explicit consideration of targeting issues by various donor and implementing agencies.

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<sup>8</sup> UNICEF is currently developing a strategy for the protection, care and support for CABA that will include intervention typologies. A new resource (RHVP et al 2007) lists different targeting approaches along with their advantages and disadvantages. Although prepared as an argument for untargeted, universal benefits in sub-Saharan Africa, the information provided offers valuable guidance for selecting and minimizing the disadvantages of various targeting approaches.



## ANNEX 1: Definitions of orphans and vulnerable children in the National Plans of Action for countries in sub-Saharan Africa

Country	Orphans	Vulnerable Children
<b>Burkina Faso</b>	Children who have lost one or both parents.	A child less than 18 years of age who needs selective or permanent social protection because they are at risk in the following areas: food, health, education, psychological, basic needs, legal and accommodation. This includes: children living in the street, children whose parents are infected with HIV, children who are chronically ill, children without protection, assistance or appropriate parental supervision, children in trouble with the law, and children who are victims of all forms of exploitation
<b>Central African Republic</b>	A child who has lost his father, mother, or both. (0-18)	Children in need of special protection due to the vulnerable situation of their household. This includes children: living with parents who are infected with HIV/AIDS (mother or father or both), who are infected with HIV, living in poor households that have taken in orphans, living outside of family care
<b>Côte d'Ivoire</b>	A child under age 18 who has lost one or both parents.	All children under age 18 who are in a precarious situation as a result of certain socio-economic or cultural situations. Children who are not orphans but are affected or made vulnerable due to HIV/AIDS
<b>Democratic Republic of Congo</b>	Children below the age of 18 who have lost one or both parents	Children living in households that have experienced an adult death in the past 12 months and children living outside of family care.
<b>Ethiopia</b>	Both natural (single or double) or social (parents may be alive but children have been abandoned) orphans.	Children who are most exposed to, most likely to be affected by, and less likely to cope with any form of shocks.
<b>Ghana</b>	Any person below the age of 18 who has lost either or both parents or guardian.	A child who, on the basis of set criteria as compared to other children, bears a substantial risk of suffering significant physical, emotional or mental harm.
<b>Kenya (draft)</b>	A child who has lost one or both parents	A child living in a high risk setting.
<b>Lesotho (draft)</b>	A child under 18 years of age who has lost one or both parents	Any person below the age of 18 who has one or both parents who have deserted or neglected him/her to the extent that he/she has no means of survival and as such, is exposed to dangers of abuse, exploitation and/or criminalization and is therefore in need of care and protection.
<b>Mozambique</b>	A child who has lost one or both parents	Children in households below the poverty line that are headed by children, youth, the elderly or women; where an adult is chronically ill; and, children who are infected or affected by HIV; street children; living in institutions; in conflict with the law; victims of violence, sexual abuse and exploitation, trafficking, or the worst forms of child labour, married before the legal age; refugee and displaced children.
<b>Namibia</b>	A child under 18 years whose mother, father, both parents, and primary caregiver has died and/or is in need of care and protection.	Any child under 19 years old in need of care and support. Children living with unemployed parents; children cared for by elderly parents with pensions; and children living with disabled caregivers.



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<b>Nigeria</b>	A child under 18 years of age who has lost one or both parents (for Muslim families, a child with a father is not considered an orphan)	A child at risk of facing increased malnutrition, high morbidity and mortality, low school attendance and completion rate, abuse and psychosocial consequences compared to the average child in the defined society.
<b>Rwanda (draft)</b>	A child who has lost one or both parents	A person under 18 years exposed to conditions which do not permit him/her to fulfil his/her fundamental rights for his/her harmonious development.
<b>South Africa (draft)</b>	A child under 18 years of age who has lost one or both parents from any cause	A child who is at risk of orphan hood is living in poverty or is abused, neglected, abandoned, displaced or destitute.
<b>Swaziland</b>	A child under 18 years of age who has lost one or both parents	Children under 18 years whose parents are incapable of caring for them; who is physically challenged, staying alone or with poor elderly grandparents; lives in a poor sibling-headed household; has no fixed place of abode; lacks access to health care, education, food clothing, psychological care and/or has no shelter to protect from the elements; is exposed to sexual or physical abuse including child labour.
<b>Tanzania (Draft)</b>	A child under 18 years of age who has lost one or both parents	Anyone below 18 years, either currently experiencing – or likely to experience – lack of adequate care and protection. The following three aspects cause children to become vulnerable: reduced capacity to cope with calamities; resilience weak points e.g. education, health, welfare, safety, play and participation; and inadequate caring services.
<b>Uganda (draft)</b>	A child under 18 years of age who has lost one or both parents	One who, based on a set of criteria when compared to other children, bears a substantive risk of suffering significant physical, emotional or mental harm.
<b>Zambia</b>	A child under 18 years of age who has lost one or both parents	children living in circumstances where they do not adequately enjoy their rights and/or in circumstances where their survival is uncertain (definition still under discussion)
<b>Zimbabwe</b>	A child under 18 years of age whose parents have died	Disabled, abused, working, destitute, abandoned, married and neglected children as well as children affected/infected by AIDS, living on the streets or in remote areas, who have chronically ill parents or who are parents themselves and those who are in conflict with the law (list is not exhaustive and leaves room for others identified by communities)

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