Defining Orphaned and Vulnerable Children

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Funded by the
WK Kellogg Foundation

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Social Aspects of HIV/AIDS and Health Research Programme, Occasional Paper 2
Series Editor: Dr Olive Shisana, Executive Director: Social Aspects of HIV/AIDS and Health Research Programme of the Human Sciences Research Council

Published by HSRC Publishers
Private Bag X9182, Cape Town, 8000, South Africa
www.hsrcpublishers.ac.za

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First published 2004

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ISSN 1810-5564
ISBN 0 7969 2064 8

Cover by Jenny Young
Layout Design Crystal Gabriels, comPress
Production by comPress

Distributed in Africa by Blue Weaver Marketing and Distribution,
PO Box 30370, Tokai, Cape Town, 1966, South Africa.
Tel: +27 +21-701-4477
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Preface

The Social Aspects of HIV/AIDS and Health Research Programme of the Human Sciences Research Council publishes an Occasional Paper series which is designed to offer timely contributions to debates, disseminate research findings and otherwise engage with the broader research community. Authors invite comments and responses from readers.

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Defining Orphaned and Vulnerable Children

Introduction

The importance of considering the situation of children orphaned by AIDS has been made clear – both by the projections of the number of orphans expected, and the lack of adequate caring mechanisms and service structures to support them. However, looking at the situation of these orphans does not address the full scale of the problem, since the epidemic and surrounding poverty are generating a context where large numbers of children are becoming vulnerable. The term 'orphaned and vulnerable children' (OVC) was introduced due to the limited usefulness of the tight definition of the construct of orphanhood in the scenario of HIV/AIDS. This term in turn has its own difficulties, since it is has no implicit definition or clear statement of inclusion and exclusion. It therefore works as a theoretical construct, but requires explanation and definition on the ground.

Orphans remain the focus of much of the academic and popular writing on the grouping 'orphaned and vulnerable children', rather than all vulnerable children. The work includes counts or projections of numbers of orphans (Bicego, Rutstein & Johnson, 2003; Hunter, 1991), examination of interventions required to provide adequate assistance (Bhargava & Bigombe, 2003; Whiteside, 2000; Hunter, 1991), descriptions of the context and caring of orphans

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(Nyambedha, Wandibba & Aagaard-Hansen, 2003; Bicego, et al., 2003; Appleton, 2000), and descriptions of the impact of HIV on children (Baylies, 2000; Whiteside, 2000; Appleton, 2000). Some of the material, particularly that in the popular literature, has sensationalised the issue. Examples of the worst case studies of orphans are identified and these situations are extrapolated to the full projected counts of orphans in the region (Masland, Nordland, Kaheru, Santoro, Haller & Bagely, 2000; Robinson, 1999).

An orphan is defined by UNAIDS as a child under 15 years of age who has lost their mother ('maternal orphan') or both parents ('double orphan') to AIDS (UNICEF/UNAIDS, 1999). Some research does increase the age to 18 years, but most appears to use the UNAIDS definition. It is also being more generally accepted that the loss of the father would also classify the child as an orphan. Within the orphan grouping, layers of vulnerability are addressed as one system for understanding the situation (Hunter, 1991; Bicego, et al., 2003).

There do appear to be some implicit classification systems for orphans, such as the nature of their carers (Nyambedha, et al., 2003), the level of additional assistance that is required (Bhargava & Bigombe, 2003; Hunter, 1991), and between maternal, paternal and double orphans (Nyambedha, et al., 2003; Hunter, 1991). Differences are also drawn between orphans cared for by extended families, foster parents, community carers, child-headed households and institutional care (Nyambedha, et al., 2003).

'Vulnerability' is much more difficult to define. World Vision (2002) listed some identifiers, such as children who live in a household in which one person or more is ill, dying or deceased; children who live in households that receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers. These categories focus on factors related to HIV. There is an entire set of variables that needs to be considered

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that relates to more general aspects of the child's context, such as poverty, access to shelter, education and other basic services, disability, impact of drought or extreme weather conditions, stigma and political repression – all factors that could influence vulnerability.

Community definitions of vulnerability are very likely to differ from those of external agencies. Smart (2003) looked at definitions of vulnerability in a number of African countries, which are summarised in Table 1. Countries are listed with the factors relating to vulnerability found in the research that she reviewed.

Table 1: Definitions of vulnerability in a number of African countries

Botswana	Street children Child labourers Children who are sexually exploited Children who are neglected Children with handicaps Children in remote areas who are part of indigenous minorities
Rwanda	Children in child-headed households Children in foster care Street children Children in institutions Children in conflict with the law Disabled children Children affected by armed conflict Children who are sexually exploited or abused Working children Children with parents in prison Children in very poor households Refugee or displaced children Children who get married before the age of majority

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Table 1 cont.

South Africa	Children who are neglected, destitute or abandoned Children with terminally ill parents Children born to single mothers Children with unemployed caretakers Children abused or ill-treated by caretakers Disabled children
Zambia	Children not at school Children from female-aged-disabled-headed households Children whose parents are ill Children from families where there is insufficient food Children who live in poor housing

Source: Smart, 2003

Community definitions of orphaned and vulnerable children are also often different from the government definitions. For instance, assistance to children by the government is directed by particular age limits – any child that falls outside those limits may be excluded. There was general consensus during the research interviews that the government should adopt a 'bottom up' approach, so taking guidance from a community level, when setting parameters for assistance. This provokes a debate about addressing the specificity of needs versus what is bureaucratically feasible.

One concern about the creation of terms to name or define a group, especially a group with as many problems as OVC, is that group members become objectified or automatically become targets for stigma. Care must therefore be taken in how the term is used in both the academic and popular literature, as well as in care programmes.

To get a real of sense of where to introduce interventions or support, a clear understanding of the community's perspective

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is required. Time has to be spent in the community listening to people who are doing work there already, and particularly to the caretakers and the vulnerable children themselves. Work in this project, to obtain a common definition of OVC across the three countries of Botswana, South Africa and Zimbabwe, is one contribution to establishing a basic definition that can be used as a basis for planning, while acknowledging the specifics or context of each intervention site.

Methodology

This piece of research forms part of a much larger study aimed at developing interventions with OVC across 17 research sites in Botswana, South Africa and Zimbabwe. The full study has multiple objectives, with the key aim being the development and evaluation of interventions for OVC, to act as models for other sites in Africa and other parts of the world. The aim of these interviews was to obtain a definition of OVC drawn from, and having meaning for, the communities in which we are working and which is applicable to the research protocol.

Research design and sample The essential method for obtaining a definition was a series of discussions with people in the communities, including service providers, orphans and caretakers, as well as broader members of the community. The full list of interviews undertaken is provided in Table 2. All interviews were conducted in the language of the person being interviewed.

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Table 2. Site of interviews with number and nature of the respondents

Site of interviews	*Nature of the respondents*	*Number of respondents*
Letlhakeng (Botswana)	Caregivers of OVC	8
Letlhakeng (Botswana)	Community leaders and NGO staff	10
Palapye (Botswana)	Community leaders, caregivers and OVC	10
Bulilimamangwe (Zimbabwe)	Community leaders and NGO staff	15
Bulilimamangwe (Zimbabwe)	Community members	30
Chimanimani (Zimbabwe)	Community leaders and NGO staff	15
Chimanimani (Zimbabwe)	Community members	20
Mathjabeng (South Africa)	NGOs providing care	15
Mathjabeng (South Africa)	Community members	9
Mathjabeng (South Africa)	NGO staff and state service reps	8
Klerksdorp (South Africa)	Community members	12

Note: NGO = non-governmental organisation

Research question Rather than using a fixed question or discussion schedule, the following statement was read to the group as a basis for discussion:

> With the HIV epidemic, poverty and other social problems, many children have been put at risk by the loss of parents or the increasing pressure that the epidemic and poverty have put on their community. The vulnerability can be seen in terms of illness,

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> unemployment, violence, HIV, crime, desertion etc. We are looking for a definition of such a vulnerable child. The definition will be used to guide a community-wide intervention directed at orphaned and vulnerable children, and will act as a basis for the research. To repeat, we would like to get a definition of those children the community considers to be vulnerable.

The interviewers were also guided by the following list, to make sure that the major potential areas of vulnerability were covered:

- Age limitations to childhood;
- Definition of orphan;
- Definition of vulnerability;
- Indicators of vulnerability and orphanhood (one or both parents dead, parent absconded) – check: hunger, loss of schooling, illness, emotional issues, loss of resources, loss of caretakers, but probe for any new ideas from the community;
- Differences between a vulnerable child and a secure child;
- Places and situations where these children would be found;
- Rights of the OVC to services, inherited property, security, a home, food, etc.

Analysis A thematic content analysis method was used in analysing the data. The analysis went through a number of stages. After each interview the interviewers constructed a report on that interview, drawing out the essential ideas that would contribute to development of the definition. The reports were then drawn together into this document. Within this document the construct for the OVC requires consideration of a number of components of the broad term, i.e. definition of a child and of an orphan, and of what constitutes vulnerability. These subdefinitions were outlined first, before the full definition was drawn together.

There was considerable agreement on many of the constructs across all the groups and sites in the three

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countries. There are important variations and nuances to the explanations that have to be addressed. Further detailed study is required to be able to examine the real variations according to context. At present the full list of options across the three countries is provided. All the research staff who worked on establishing this definition agreed on the final analysis and definition as outlined in this document.

Definition of a child

A child is primarily defined by age, with most common agreement being 18 years. In some cases this was increased to 21 years, although these respondents acknowledged that this would be dependent on the person concerned, and that the age range 18 to 21 years should be considered as early adulthood. Ultimately it was felt by some to depend on the period of dependence of the child on the parents or caretakers of the household. The period of dependence could be extended considerably by many situations, including unemployment or extended studies. There are particular situations of physical or mental handicap or of severe illness where this dependence is also further extended. Such individuals would not be considered as children, but would remain dependent, and remain part of the load on the household.

Definition of an orphan

The most accepted definition of an orphan is a child who has lost both parents through death. This definition was immediately extended in most of the groups to include loss of parents through desertion or if the parents are unable or unwilling to provide care. A concern raised was that a parent might return to care for the child, which would change the classification. In most cases the absent parent is the father. The feeling among some respondents was that fathers seldom return even after the death or absence of the mother.

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An initial question often raised was whether the loss of one parent constituted orphan status, and if it made a difference which parent died or left. For some, the loss of one parent was sufficient to classify the child as an orphan, especially if the prime caregiver was lost. A distinction was made here between a wage earner and a carer at home. Both were considered vital to the survival of the household.

A second concern was whether the child still having a caregiver should be considered an orphan, since they still have extended family or carers from their community. This was raised particularly in view of the African context, where many stated that an 'orphan' is not a recognised term. Group participants pointed out that their community is not aware of the difference between 'orphan' and a 'vulnerable child': As one respondent commented, '…a child remains a child right through, that is the African culture'. However, others in the group where this was expressed indicated that there is a distinction made between orphaned and vulnerable children, which impacts on the provision of assistance to the children concerned.

The claim of not defining orphan status was also contradicted in statements made in one of the groups from Botswana. According to them, in Setswana there are two terms that describe an orphan: '*lesiela*' (lost one parent), and '*khutsana*' (lost both parents). '*Lesiela*' is widely used because it is user-friendly and less derogatory; with '*khutsana*', there is the implication that the child has absolutely nobody, which is contrary to extended family norms.

The absence of guardians certainly increased the potential vulnerability of the orphan. In Zimbabwe orphans were divided into two groups, i.e. those without guardians and those with guardians. This emphasised the point made in many of the groups that being an orphan did not always mean that the child became vulnerable. This would depend on the quality of care-taking from there on.

It is often stated that in African culture as soon as a child is in need she or he will be cared for. While the sentiment is

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generous, there are many children who have had to suffer in communities without adequate care, and in fact have experienced abuse. The extended family also contributes to vulnerability on occasions, by taking from the child their inheritance and land, and even sometimes abusing their social support grants.

Definition of a vulnerable child

A vulnerable child was seen as someone who has no or very restricted access to basic needs. They may have both parents, but the child's rights might be denied. The definition of vulnerability was felt to reflect certain aspects of the context of the child. Participants drew on personal experience, knowledge of context, and documents such as national constitutions. Vulnerability was contextualised for many as the child not having certain of their basic rights fulfilled, and the identification of problems in the environment of the child.

The basic rights can be defined as follows:

- Name and nationality – birth registration;
- Safe home and community environment;
- Education;
- Family care and support;
- Sufficient food and basic nutrition;
- Protection from maltreatment, neglect, abuse (both in and outside the home);
- Security from community and the government;
- Health care and good hygiene;
- Shelter;
- Recreational facilities;
- Love;
- Good clothing;
- The right to make choices concerning their way of living (e.g. not being forced into early marriages).

A set of factors indicating vulnerability was also developed, that arose out of identified problems or gaps in the provision

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of needs, or specific threats that existed in the communities. This includes the individual, family and community contexts that make the child vulnerable. *Some specific indicators for vulnerability in children include the following:*

- Any physical or mental handicap or any other long-term difficulty that would make it difficult for the child to function independently;
- Illness, either HIV or other major illness;
- Emotional or psychological problems;
- Abuse at emotional, physical or sexual level;
- Not cheerful, dull, does not perform well in class, miserable, dirty with torn clothes, sleepy;
- Use of drugs, e.g. glue, alcohol, cigarettes, dagga, cocaine;
- Neglect of schoolwork, does not attend school regularly, does not perform well at school;
- Does not receive sufficient healthy food and constantly shows signs of hunger;
- Constantly shows signs of not sleeping well;
- Poor hygiene or cannot engage in personal care;
- Does not have clothing or has dirty clothing all the time;
- Does not receive care, particularly love, guidance and support.

Family situations that make the child vulnerable:

- Caregivers are not able or willing to care for the children under their care;
- Alcoholic, poor and emotionally disturbed parents;
- Handicapped (physically and mentally) or chronically very sick parents, e.g. confined to bed;
- Household is overcrowded or the ratio of children to caregivers is too high;
- Divorced parents;
- Abusive family or parents or caregivers not equipped to provide the caregiving role;
- Lack of financial resources to adequately care for the child;
- Lack of parental guidance and direction.

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The community context in which the child lives also influences vulnerability:

- Risk of being exposed to dangerous situations;
- Prevented from having a normal life as a child, e.g. schooling, play, etc.;
- Unsafe environments such as informal settlements, lack of toilets, crime;
- High levels of poverty;
- Exposure to crime, gangs and drug use.

It is important to note that vulnerability is partly determined by all aspects of their context, and even if one component goes wrong the child could suffer considerably. One example provided is that a child may be provided with all their basic needs, but be abused by the caretaker. Ultimately, each child has to be examined individually to determine their own vulnerability, but it remains important to establish some central constructs for this definition.

One group expressed concern that although parents may show love and care, and provide well for a child, they may also show excessive discipline. The excess in discipline often reflects what the parent believes the child needs, rather than the actual needs of the child.

Another group felt that any child not raised by their own parents was potentially vulnerable. While this may be true, having extended family raise children is an integral part of the system for providing care for OVC, so we have to assume that the vast majority will provide a caring home. There was a fear of children been abused behind closed doors and a sense of lack of power to do anything about the risk. This fear was reflected in various concerns; for example, that relatives are not to be relied upon for the safety of children because they could also abuse them: As one respondent commented:

> Families cannot be relied upon; a case of an uncle who took children under his protection. It later turned out that he was abusing them. We tried to call the police after we visited him and found out but he has since disappeared. He used to buy books,

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clothes, etc.; now these children are at my home and my mother is also unemployed.

Degrees of vulnerability Vulnerability is not an absolute state. There are degrees of vulnerability, depending on the situation of the child. As shown above, there are a number of factors that contribute to a child's vulnerability. Each of these could add to the cumulative load that the child carries. The extent of the crisis and additional problems associated with it will also affect the impact on the child. Other factors that influence the level of vulnerability will have more of a process function – the age at which the loss of parents and assets took place, and the state of development of internal resources within the child.

Most vulnerable are those children who have no caretakers, with the street children being the most vulnerable among them. Street children are found at shops and malls, streets, market areas, abandoned buildings, road junctions, and refuse disposal sites.

Definition of a caretaker

This is the person who plays the key caretaking role for the OVC. The person should be able to provide all aspects of care and be responsible for the child under their care. Some *outlines for the role of caretaker* were raised in one of the groups:

- Adults who can provide for the rights of the child as enshrined in the Constitution, although this may include an older child who heads a household with outside support;
- Need to provide psychosocial development and support, moral, cultural and religious instruction, as well as basic hygiene;
- Must be responsible – if anything happens to a child he/she must be there to attend to it.

In many debates there is talk of a *primary caretaker*, but this needs further definition. Is the primary caretaker the person

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who provides emotional care, or the person who brings in the financial support? There needs to be a way of separating these roles and talking about each of them explicitly, especially since there is often a gender division between the two.

A range of potential carers for children were raised in the groups. The generally accepted order of preference was: immediate family; extended family; community members; foster care; and care in a child-headed household, where the oldest is at least 14 and there is the supervision of an adult member of the community

There was little support for placing children in orphanages or places of care, as it was felt to be counterproductive to the development of the children to remove them from their community and family context.

Group members pointed out that carers themselves often need assistance to maintain the work that they are doing, from external resources such as NGOs and government services. There is also a need for information and training.

An explicit challenge was raised as *to who was responsible for providing care to a vulnerable child.* In some of the groups the responsibility was explicitly extended to the rest of the community members. One group felt that churches, neighbours, extended family, teachers and the government were all responsible for the child. The government should support families and communities financially, through capacity building, information, and building structures, clinics and recreational centres. All felt that government support is not sufficient at the moment.

Even where there are government policies to provide care, implementation is poor. Some of the difficulties in obtaining access to care and support for OVC include poor implementation of policies, lack of adequate information, poor interaction between the government and the community and, in the case of South Africa, lack of parental and child registration that inhibits access to financial assistance from the government. Other challenges include the distance between the offices of government and the community, lack of

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outreach work to the communities, ignorant government employees, and accessing social workers.

Concerns were expressed about abuse of grants by some of the foster parents. These grants are not used for the benefit of the child, and in a worst case scenario would be squandered. It was felt that the community should maintain a check on those households that receive grants. However, most households with foster children do not receive grants.

Key questions

The discussions within the groups and critical examination of the definition raise a number of questions, which need to be addressed.

It was felt that there was a need to monitor carers, to prevent abuse of the OVC or taking of resources intended for the child. Concerns were raised that some families may take in orphans so as to have access to the child and foster grants. There were suggestions that systems need to be put in place to monitor for such abuses. The task of doing this would be huge, but could be done through the general care back-up systems that are put in place. In addition to this monitoring function, OVC need a place to go in case of difficulties in their household or in other contexts of their lives. This could also serve as a checkpoint that they are coping.

The interaction of this community definition with definitions used in the State services and legally is important in terms of obtaining access to services and benefits for the OVC. In one of the group discussions a point was raised that government definitions of an OVC ought to be compatible with community definitions, and be flexible and need-based.

Government policy needs to protect children and their assets. These inherited assets are often central to the ongoing survival of the children. The question arises of how the needs of the OVC here will interplay with the requirements of the culture. Overall the cultural emphasis is supportive towards

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caring, support and provision of resources for OVC. However, there is space for abuse using cultural arguments, such as removal of the children's resources and the misuse of some resources for the funeral and associated meals.

Poverty may set defined limits as to what care is possible. State and independent organisations need to provide assistance to communities to manage the situation of multiple OVC appearing in their communities.

A clearer discussion of what is meant by vulnerability is also required. As a starting point, this would include vulnerability to infection with HIV, dropping out of school and losing out on an education, children experiencing development problems through lack of food, or having social problems due to not being cared for or being denied a role model. These points can start the discussion, but the complexity of the definition requires a more thorough debate and more inputs.

Overall definition

An overall definition is required, which raises considerable complications, especially if an absolute answer is sought. The definition needs rather to incorporate a range of factors that may be important.

There appeared to be agreement that the age limit for definition of a child should be 18 years. The overall response around orphanhood appeared to support the construct that the loss of either or both parents would indicate a situation of likely vulnerability. The remainder of the definition needs to centre around three core areas of dependence:

- Material problems, including access to money, food, clothing, shelter, health care and education;
- Emotional problems, including experience of caring, love, support, space to grieve and containment of emotions;
- Social problems, including lack of a supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment.

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Vulnerability may be defined according to what is immediately seen in a situation and what is more easily measurable. An initial attempt at a measurable definition is provided below. One danger of this approach is that it is biased against hidden problems such as emotional issues and abuse, and can put excessive emphasis on income and financial security.

Measurement of vulnerability

In order to be able to measure vulnerability using a survey or general data source, easily measurable criteria are required. For this exercise two aspects of measurement have to be considered, namely the ease or even possibility of measurement, and the likely accuracy of the results. Constructs that are more easily measurable include the following (although even here considerable problems must be recognised and it may be difficult in any situation to get full and accurate measures on these variables):

- Death or desertion of parents;
- Severe chronic illness of parents;
- Illness of child;
- Disability of child;
- Poverty, including access to grants;
- Poor housing;
- Access to services, schooling, health, social services;
- Inadequate clothing.

Some of the more difficult variables to measure are:

- Emotional problems;
- Abuse, including excessive discipline;
- Substance abuse by caregivers or the child.

These are often hidden or are less tangible, and so less open to measurement. However, their implications for the child can be as great as or greater than those more easily calculated, so they also have to be considered. There are options for the use of psychometric scales or covert research methods to collect this information.

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The community factors that form part of the vulnerability of a child affect all children in a community. This raises the question of whether all children living there should be considered OVC. One method of addressing this would be to look at the likely exposure to the negative influences, or whether the impact of these community factors is variable across the community.

Conclusion

This definition provides a start for the construction of a definition of OVC that can be used for the development of interventions and for the development of further research to adequately understand the position of OVC. The variation across contexts requires specific consideration, as stated in the 'Methodology' section. However, there was strong agreement across all the sites and in the content of this report, reinforcing that this report constitutes a start to the process, that will require further development over time.

There are a number of immediate confusions around the levels of needs of OVC, the relative readiness of governments to step in and assist the people in the country, and the role of culture in responding to the situation of HIV. The influence of these and other contextual variables on vulnerability and on the nature of the vulnerability that the child would experience, have to be considered in the ongoing development of a construct of vulnerability. For example, if a rural community is experiencing a drought, then access to food and water becomes core to the care of the children living there. However, even given these needs for flexibility, it is possible to develop an overarching set of constructs that can be used to understand the vulnerability that children face in certain communities.

At the basis of all of this work is the desire to address the needs of OVC. A definition of such vulnerable children provides a basis for understanding the range and nature of

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needs that vulnerable children face. In each context greater specificity about needs will have to be obtained, but this is part of the development of interventions that seek to roll back the impact of HIV.

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